



National
Aeronautics and
Space
Administration

Voucher for Payment of Tort Claims

BU. VOUCHER NO.

National Aeronautics and Space Administration

CLAIM NO.

VOUCHER PREPARED AT *(Place and date)*

PAID BY
(For use of Paying Office)

THE UNITED STATES, Dr.,

TO (Payee)

ADDRESS

AMOUNT CLAIMED

DATE CLAIM ACCRUED

AMOUNT OF AWARD, COMPROMISE, OR SETTLEMENT

BRIEF DESCRIPTION OF CLAIM *(See attachments for further explanation in detail.)*

ACCEPTANCE BY CLAIMANT

I, the claimant, do hereby accept the within-stated award, compromise, or settlement as final and conclusive on me, and agree that said acceptance constitutes a complete release by me of any claim against the United States and against the employee of the Government whose act or omission gave rise to the claim, by reasons of the same subject matter.

(SIGN ORIGINAL ONLY)

DATE

TYPED NAME OF CLAIMANT

SIGNATURE OF CLAIMANT

This claim has been fully examined and is approved for payment in accordance with the provisions of the National Aeronautics and Space Act *(42 USC 2473(b)(13))* in the

AMOUNT OF

DATE

SIGNATURE OF AND TITLE OF AUTHORIZED APPROVING OFFICIAL

(SIGN ORIGINAL ONLY)

Pursuant to the authority vested in me, I certify that this voucher is correct and proper for payment in the

AMOUNT OF

DATE

SIGNATURE OF AND TITLE OF AUTHORIZED CERTIFYING OFFICIAL

(SIGN ORIGINAL ONLY)

ACCOUNTING CLASSIFICATION *(Appropriation Symbol must be shown; other classification optional.)*