FORM		Mark "X" in appropriate column to indicate type of tax ▶		TAX EXCLUDED *(Amount $)*	STATE	LOCAL	TRANSACTION REFERENCE
NO.	DATE	VENDOR NAME AND ADDRESS	ITEM PURCHASED				
							Voucher No.:
							Voucher Date:
							PO/Cont. No.:
							Voucher No.:
							Voucher Date:
							PO/Cont. No.:
							Voucher No.:
							Voucher Date:
							PO/Cont. No.:
							Voucher No.:
							Voucher Date:
							PO/Cont. No.:

STANDARD FORM 1094A (REV. 12-96) **BACK**
Prescribed by GSA-FAR (48 CFR) 53.229