DA-02-176
(7-86)

COMMONWEALTH OF VIRGINIA
BATCH HEADER

Batch Agency No | Batch Date MM DD YYYY | BT | Batch No.

BC | B Acct | FM

Computed Batch Count | Computed Batch Amount

Data Entry Batch Count | Data Entry Batch Amount

Agency List No | Edit Opt.

Level _____ System _____

Key _____ Balanced _____ Yes _____ No

Verify _____ Balanced _____ Yes _____ No

Update _____ Balanced _____ Yes _____ No

Type of Documents - Check Only One

- 1 Encumbrance
- 2 Travel
- 3 Vendor Payments
- 4 Interagency Transfer
- 5 DOA Journal Entry
- 6 Ag. Transaction Voucher
- 7 Deposit Certificates
- 8 Budget Transactions
- 9 Payrolls
- D Debit Memo
- F FAACS
- O Ag. Operating Exp. Plan
- P Petty Cash
- R Rev. Refund
- T EFT
- X Vouchers with Vendor Remittance Coupons
- Other

Check One
- DOA Keyed
- AGY Keyed
- Mag Tapes
- Other

Tape Identification _____

No. of tape Records _____

No. of pages in computer listing _____

Agency Name:

To the Comptroller: It is hereby certified that the request for disbursements of State fund specified herein has been reviewed by me and is accurate to the best of my knowledge and belief. The amounts itemized are considered to be legitimate and proper charges to the appropriations indicated herein, and are hereby approved for payment. These payment have not been previously authorized. This certification applies to goods or services received or performed, refunds, petty cash reimbursements, and travel expenses.

Signature of Approving Officer

Print Name

Title

DEPARTMENT OF ACCOUNTS USE ONLY

Document No.	Vendor	Reason	No. of Grids	Amount of Charge

Reviewed By: _____ Date: _____

ORIGINAL