UNITED STATES DEPARTMENT OF AGRICULTURE **VOUCHER DIFFERENCE STATEMENT**

AGENCY NAME AND ADDRESS	DATE
	AGENCY REFERENCE
	TRAVEL OR OTHER CLAIM PERIOD
PAYEE NAME AND ADDRESS (Include zip code)	
	AMOUNT CLAIMED \$
	↓ AMOUNT APPROVED
	\$
L	AMOUNT DEDUCTED \$
THE AMOUNT DEDUCTED WAS WITHHELD FOR THE REASONS STATED BELOW. (This notice should accompany any reclaim for amount deducted. Explain clearly basis for reclaim.)	
SIGNATURE	TITLE