

1. VENDOR/SELLER IDENT. NO. (11)

MISCELLANEOUS PAYMENTS SYSTEM

See completion instructions published in Title II, Voucher and Invoice Payments Manual, Chapter 6, Section 5.

2. FUND CODE (2)	3. UNIT CODE (2)	4. VOUCHER NUMBER (5)	5. PAYMENT CODE (2)	6. ACTION CODE (1)	7. FOREIGN COUNTRY CODE (2)
8. PAYEE NAME (30)			13. DATE AGENCY RECEIVED INVOICE (6)	MO : DAY : YR	14. DATE GOODS REC/ ACC/SERV PERIOD END DATE (6)
9. 1ST LINE ADDRESS (30)			15. TYPE COMMODITY/PAYMENT CODE (Enter one code only)		
10. 2ND LINE ADDRESS (30)/OR VENDOR EFT IDENTIFICATION NUMBER (12)			M = Meat C = Construction X = Other Goods and Services D = Dairy O = Other Goods and Services P = Perishable Food (Pay immediately)		
11. CITY (20)		STATE (2)	ZIP CODE (10)		TERMS
12. CHECK IDENT. INFORMATION (i.e., Order/Invoice Date, Order/Contract/Invoice No.)			16. TIME DISCOUNT		16a. NET TERMS
1. (30)			17. ORDER/ CONTRACT DATE		MO : DAY : YR
2. (30)			18. VENDOR INVOICE DATE		MO : DAY : YR
3. (30)			19. FORM 1099		20. TAXPAYER'S IDENTIFICATION NUMBER (11)
			No <input type="checkbox"/> Yes <input type="checkbox"/>		
21. ACCOUNTING CLASSIFICATION			22. BUDGET OBJECT CODE	23. HOURS/OR FUND CODE/ UNIT CODE	24. AMOUNT
A B C D E			4	8	11
23			4	2	2
27. PREPARED BY			27a. PHONE (Area Code and Number)	28. DATE	26. TOTAL
					\$0.00
29. AUDITED BY			30. DATE		
Pursuant to the authority vested in me, I certify that the item(s) listed herein are correct and proper for payment from the appropriation(s) designated			31. UNIT CERTIFYING OFFICER CONTROL CODE		31a. UNIT CERTIFYING OFFICER SIGNATURE
					32. DATE
			33. TITLE		34. PHONE (Area Code and Number)
					FTS COMM

35 Mail to: USDA, OFM, National Finance Center, P.O. Box 60000, New Orleans, LA 70160-0001

FORM AD-757 (USDA) (Rev. 2/94)

Check applicable copy designation:

NFC ORIGINAL

AGENCY COPY