Department of Veterans

APPLICATION AND PUBLIC VOUCHER FOR ADVANCEMENT FROM THE VOCATIONAL REHABILITATION REVOLVING FUND

D.O. VOUCHER NUMBER	BUREAU VOUCHER NUMBER	FILE NUMBER
		<CLAIM NUMBER>

	PAID BY
THE UNITED STATES <VETERAN NAME> <ADDRESS> <CITY, STATE, ZIPCODE>	(FOR USE OF PAYING OFFICE)

APPLICATION FOR ADVANCE

I request an advance of from the Vocational Rehabilitation Revolving Fund. If the advance is made, I consent to collection of the amount advanced by deductions from my compensation, pension, subsistence allowance, educational assistance allowance, retirement or military retired or retainer pay, or by other means necessary to make full recovery. I understand that if my training is discontinued or completed, or I reach my program eligibility termination date before I have repaid the advance, VA will withhold any monies due me until the advance is paid in full.

SIGNATURE OF VETERAN	ADDRESS	DATE

CERTIFICATE OF DESIGNATED OFFICER IN VOCATIONAL REHABILITATION AND COUNSELING DIVISION

I CERTIFY THAT the applicant is receiving vocational rehabilitation services and I approve an advance in the amount of . Recovery of the funds will be made at the rate of per month from future payment of subsistence allowance, compensation, pension, educational assistance allowance, retirement, military retired or retainer pay to which he or she is lawfully entitled.

SIGNATURE AND TITLE	STATION	DATE
	343/	

CERTIFICATE OF DESIGNATED OFFICER IN FINANCE ACTIVITY

I CERTIFY THAT the applicant will begin to receive or is receiving vocational rehabilitation services under chapter 31, Title 38, U.S. code. This voucher has been examined and found true and correct.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICER	AMOUNT CERTIFIED	DATE

ACCOUNTING CLASSIFICATION

(For completion by administrative officer)

APPROPRIATION

SYMBOL	TITLE	AMOUNT
36X4114	**VOCATIONAL REHABILITATION DEPARTMENT OF VETERANS AFFAIRS REVOLVING FUND**	
PAID BY (Check one) ☐ CHECK (Third Party Check) ☐ CASH	**BUREAU SCHEDULE OR ADP BATCH CONTROL NO. AMOUNT**	DATE
SIGNATURE OF PAYEE (Cash payment only)		**DATE**