

**U.S. FISH AND WILDLIFE SERVICE  
FEDERAL FINANCIAL SYSTEM  
SUPPLEMENTAL INPUT FORM**

DATE:

DOCUMENT CONTROL NUMBER:

REFERENCE NUMBER:

LIST THE FOLLOWING DATES:
DATE GOODS OR SERVICES ACCEPTED:
DATE INVOICE RECEIVED:
DATE SENT TO FINANCE CENTER:
I certify that the goods or services have been received and accepted. Payment is hereby approved.

Organization:

Organization Code:

Telephone Number:

NAME/SIGNATURE/TELEPHONE:

PARTIAL  
FINAL

LINE NO.	ORGN	FUND	BFY	SUB-ACTIVITY	PROJECT	OBJECT CLASS	DESCRIPTION (If applicable) Item No. / Invoice No.	AMOUNT

RESERVED FOR FINANCE CENTER USE: (VENDOR NUMBER):

**USE THIS FORM WHEN COST STRUCTURES WILL EXCEED SPACE AVAILABLE ON OBLIGATION DOCUMENT OR AS INSTRUCTED  
IN THE FSS MANUAL**

FINANCE CENTER      FINANCE CENTER      ORIGINATING OFFICE

FWS 3-2127  
Rev 09/02