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

D.O. VOUCHER NUMBER
BUREAU VOUCHER NUMBER
FILE NUMBER

<CLAIM NUMBER>

THE UNITED STATES

<VETERAN NAME>
<ADDRESS>
<CITY, STATE, ZIPCODE>

PAID BY

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

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

<table>
<thead>
<tr>
<th>SYMBOL</th>
<th>TITLE</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>36X4114</td>
<td>VOCATIONAL REHABILITATION DEPARTMENT OF VETERANS AFFAIRS REVOLVING FUND</td>
<td></td>
</tr>
</tbody>
</table>

PAID BY (Check one)

☐ CHECK    (Third Party Check)
☐ CASH

BUREAU SCHEDULE OR ADP BATCH
CONTROL NO. AMOUNT

SIGNATURE OF PAYEE (Cash payment only)
DATE

VA FORM
MAR-90

28-1910

EXISTING STOCKS OF VA FORM 28-1910, JUN 1986, WILL BE USED

*U.S. GPO 1982-343-134/3489