

PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL
 Approved For Release 2000/04/12 : CIA-RDP64-00360R000400110076-3

D. O. Vou. No. _____
 Bu. Vou. No. _____

U. S. **COST REIMBURSABLE**
 (Department, bureau, or establishment)

Voucher prepared at _____
 (Give place and date)

THE UNITED STATES, Dr., Payee's Account No. **1243**

To _____
 (Payee)

PAID BY
 SAPC 8360
 COPY 1 OF 3

(Address) (City) (State)

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Costs				19,763	79

PAYMENT:
 Complete
 Partial
 Final

Use continuation sheet(s) if necessary

Shipped from _____ to _____ Weight _____ Government B/L No. _____ Total **\$19,763 79** ✓

I certify that the above bill is correct and just and that payment has not been received.

(Payee must NOT use this space)

STATOTHR

(Sign original only)

Date **7/2**
 Per _____
 Title _____

Differences _____
 Amount verified; correct for **19,763 79**
 (Signature or initials)

Contract No. **A101** Date _____ Req. No. _____ Date _____ Invoice Rec'd. _____

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$ _____

By **CONTRACTING OFFICER**

SIGN ORIGINAL ONLY

Title _____ STATOTHR

Title _____ Date _____

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

APPROVING OFFICER

STATOTHR

Paid by { Check No. _____ dated _____, 19____, for \$ _____ } on Treasurer of the United States in favor of payee named above.
 { Cash, \$ _____, on _____, 19____. Payee _____ }
 (Sign original only)

* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporation must be given in full in the space provided for the signature of the approving officer. If the company or corporation is "John Doe Company, per John Smith, Secretary," or "ABC Company, per J. K. L., President," as the case may be.
 † If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ _____", and over his official title.

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Title _____

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STATOTHR

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HW - TIC02 (4-88)

OK 8773

- CHECK REGISTER
- CHARGE DISTRIBUTION CLEARING LIST
- DETAIL DIRECT DISTRIBUTION

- DETAIL INDIRECT DISTRIBUTION
- SUMMARY DIRECT POSTING JOURNAL
- SUMMARY INDIRECT POSTING JOURNAL FOR OPERATING DIVISIONS

ACCOUNT

- SUMMARY INDIRECT POSTING JOURNAL FOR NON-OPERATING DIVISIONS

COST CENTER			DATE			CHECK NUMBER	PAYEE'S (ABBREV.) NAME	PURCHASE ORDER OR INVOICE NUMBER
MAJ	INT	SUB	MO	DAY	YR			
NNNNN			07	10	66	US0733	MAT	NNNNN
NNNNN			07	10	66	US0734	MAT	NNNNN
NNNNN			07	10	66	US0734	MAT	NNNNN
NNNNN			07	10	66	US0740	MAT	NNNNN
NNNNN			07	11	66	US0764	MAT	NNNNN
NNNNN			07	12	66	US0792	MAT	NNNNN

ITS PAID

- CONSOLIDATED DISTRIBUTION REPORT
- ADJUSTMENTS
-

7-15-56 DATE PAGE 7

ING JOURNAL
SIONS

REPORT NO.

RECEIVING
REPORT
NUMBER

C. E.
CODE

CHARGE DISTRIBUTION

DISTRIBUTION
AMOUNT

6049
7441

4813
7103
5817

UUUUU
UUUUU
UUUUU
UUUUU
UUUUU

ACCOUNT	M.J.O.	S. O.	WORK ORDER
12700	0004	0000	
12700	0004	0000	
12700	0004	0000	
12700	0004	0000	
12700	0004	0000	
12700	0004	0000	

3000
4410
441
11700
21037
5480
99184
99184
106214

PAGE 1
PAGE 2
PAGE 3

45160
779058
14726
838950

TOTAL W/E 7/15/56

HW 7100X (4-65)

OK 8773

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COST CENTER			DATE			CHECK NUMBER	PAYEE'S (ABBREV.) NAME	PURCHASE ORDER OR INVOICE NUMBER
MAJ	INT	SUB	MO	DAY	YR			
252020			07	10	6	30717	DEANS	528228
252030			07	09	6	30682	PETTY CASH	5
252020			07	12	6	30765	GLIDE EAS	528374
252030			07	09	6	30682	PETTY CASH	5
252030			07	09	6	30682	PETTY CASH	5

NTS PAID

CONSOLIDATED DISTRIBUTION REPORT
 ADJUSTMENTS

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 DATE PAGE

RECEIVING JOURNAL
 VISIONS

REPORT NO.

RECEIVING REPORT NUMBER	C. E. CODE	CHARGE DISTRIBUTION				DISTRIBUTION AMOUNT
		ACCOUNT	M.J.O.	S. O.	WORK ORDER	
6567	5	12700	5023	10		3459
						3459
	5	12700	5023	10		900
						4369
7751	5	12700	5023	2		4657
						4657
	5	12700	5023	2		4700
						4700
	5	12700	5023	9		9337
						9337
						1000
						1000
						1000
						1000
						<u>14726</u>