

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

Voucher prepared at _____
 (Give place and date)

THE UNITED STATES, Dr., 1228
 Payee's Account No.

To _____
 (Payee)

PAID BY
 SAPC 8 264
 COPY 1 OF 3

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)	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Costs				2,710	43 [✓]
PAYMENT: Complete <input type="checkbox"/> Partial <input type="checkbox"/> Final <input type="checkbox"/>						Total \$ 2,710 43 [✓]	

Shipped from _____ to _____ Weight _____ Government B/L No. _____
 (Payee must NOT use this space)

I certify that the above bill is correct and just and that payment has not been received.
 STATOTHR _____
 Date 7/20/56
 Per _____
 Differences _____
 Amount verified; correct for 2,710 43
 (Signature or initials) JAK

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

Pursuant to _____ account is correct and proper for payment.
 STATOTHR _____
 † App _____
 By 7/10/56 SIGN ORIGINAL ONLY
 Title _____
 Date _____

STATOTHR 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)

Approved For Release 2000/04/12 : CIA-RDP64-00360R000400110089-9
STATOTHR

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