

Sanitized - Approved For Release CIA-RDP64-00360R000400060020-0
 SERVICES OTHER THAN PERSONAL Bu. Vou. No. 127

U. S. Cost Reimbursable
 (Department, bureau, or establishment)

Voucher prepared at _____
 (Give place and date)

THE UNITED STATES, Dr., Payee's Account No. 603

To _____
 (Payee)

PAID BY
 SAPC 2842
 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.
		Cost				8,326	26

PAYMENT:

- Complete
- Partial
- Final

Use continuation sheet(s) if necessary

Shipped from _____ to _____ Weight _____ Government B/L No. _____ Total 8,326 26

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

(Payee must NOT use this space)

(Sign original only)

Differences _____

Date STATINTL *Payee

Amount verified; correct for 8,326 26
 (Signature or initials) JM

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 \$ 8,326.26

STATINTL

 (Authorized Certifying Officer)

By _____
 SIGN ORIGINAL ONLY

Title Authorized Certifying Officer

Title Contracting Officer

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)

APPROVED: STATINTL

 Approving Officer

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 corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary" or "Treasurer" as the case may be.
 † If the ability to certify and pay is not shown on the voucher, the approving officer will sign on the line below "Approved for \$ _____", and over his official title.

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**Application Voucher for Purchases and
 Services Other Than Personal**
 CONTINUATION SHEET

U. S. Cost Reimbursable (Department, bureau, or establishment) Sheet No. 1 of Bureau Voucher No. 127

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)	QUAN-TITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		<u>SYSTEM - III</u> <u>PAYROLL</u> Direct Labor Costs properly chargeable to Contract A101 for the period 11-13-55 thru 11-20-55 Week Ending 11-20-55 STATINTL Overhead computed at interim rate [REDACTED] of [REDACTED] Total Labor, Overhead and Other Costs				STATINTL [REDACTED] <u>8,326.26</u>	

STATINTL