

Approved For Release 2000/04/12 : CIA-RDP64-00360R000400110006-0  
**SERVICES OTHER THAN PERSONAL**

D. O. Vou. No. \_\_\_\_\_  
 Bu. Vou. No. 403

J. S. \_\_\_\_\_ **COST REIMBURSABLE**  
 (Department, bureau, or establishment)  
 Voucher prepared at \_\_\_\_\_  
 (Give place and date)  
**THE UNITED STATES, Dr.,** Payee's Account No. \_\_\_\_\_  
 No. \_\_\_\_\_ (Payee)

PAID BY  
 SAPC 9421  
 COPY 1 OF 2

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				25,850.	93 ✓
		STATOTHR					
						Total \$	25,850.93 ✓

PAYMENT:  
 Complete   
 Partial   
 Final

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.  
 Differences \_\_\_\_\_  
 Date 9 \_\_\_\_\_  
 Amount verified; correct for 25,850.93  
 (Signature or initials) *JMA*

Contract No. \_\_\_\_\_ 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 \$ \_\_\_\_\_  
 \_\_\_\_\_ SIGN ORIGINAL ONLY \_\_\_\_\_  
 (Approving Officer) Title \_\_\_\_\_  
 Title \_\_\_\_\_ Date \_\_\_\_\_ STATOTHR

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)

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)

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