

**PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL**

D. O. Vou. No. \_\_\_\_\_  
 Bu. Vou. No. 453

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

Voucher prepared at \_\_\_\_\_  
 (Give place and date)

THE UNITED STATES, Dr., Payee's Account No. \_\_\_\_\_

To \_\_\_\_\_  
 (Payee)

PAID BY	
SAPC	10267
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				7,564	76
PAYMENT: Complete <input type="checkbox"/> Partial <input type="checkbox"/> Final <input type="checkbox"/>						Use continuation sheet(s) if necessary	
						Total	\$ 7,564 76 ✓

Shipped from \_\_\_\_\_ to \_\_\_\_\_ Weight \_\_\_\_\_ Government B/L No. \_\_\_\_\_ Invoice Rec'd. \_\_\_\_\_

I certify that the above bill is correct and just and that payment has not been received.  
 STATINTL (Sign original only)  
 Date 10-18-56 \*Payee \_\_\_\_\_  
 Per \_\_\_\_\_ Title Controller  
 Amount verified; correct for (Signature or initials) J.A.H.

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 \_\_\_\_\_ Title \_\_\_\_\_ Date 10/31/56  
 Title CONTRACTING OFFICER

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)

STATINTL STATINTL STATINTL

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)

Public Voucher for Purchases and  
 Services Other Than Personal

MEMORANDUM

CONTINUATION SHEET

U. S. COST REIMBURSABLE

Sheet No. 1 of Bureau Voucher No. 453

(Department, bureau, or establishment)

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.
		Contract A101 - System I					
		Direct Costs Properly Chargeable to Contract A101 for the period 10-1-56 thru 10-7-56					
		Labor Week Ending October 7, 1956 Adjustment: Ref. - JV 096905					
STATINTL		Overhead computed for Communications Division at interim rate of [REDACTED]					
STATINTL		Other Costs Per schedule attached Adjustments: JV 096115 (90.88) JV 096207 <u>491.70</u>			3,439 48 ✓ <u>400 82</u>		<u>3,840 30</u> ✓
		Total Labor, Overhead and Other Costs					
STATINTL		G & A expense computed at interim rate of [REDACTED]					
		Total Costs					<u>\$ 7,564 76</u> ✓



