

Approved For Release 2000/04/11 : CIA-RDP64-00360R000500050011-0
PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL

D. O. Vou. No. _____
 Bu. Vou. No. 944

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
ENCL #4
SAPC 18076
COPY 1 OF 2

(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)	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Discount Terms					
		Cost				35,885	.13

PAYMENT:
 Complete
 Partial
 Final

Use continuation sheet(s) if necessary

Shipped from _____ to _____ Weight _____ Government B/L No. _____ Total \$ 35,885.13

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

(Payee must NOT use this space)

Differences _____

FOIA b3b (Sign original only)

Date 7-26-57 *Payee _____
is not required when a like certificate is made by payee on attached bill or bills)

Amount verified; correct for _____
 (Signature or initials)

Per _____ Title _____

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 \$ _____

† _____
 (Authorized Certifying Officer)

By _____

SIGN ORIGINAL ONLY

Title _____

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)

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)

CONTINUATION SHEET

U. S. COST REIMBURSABLE

(Department, bureau, or establishment)

Sheet No. 2

of Bureau Voucher No. 944

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.
TICKET INVOICE CR MEMO	CHECK NO	PAYEE OR VENDOR NO					
M037766	8097	171					
3692	9701	361			85.00		
22336	7197	313			788.00		
22336	7197	313			30.00		
59	8214	313			(.60)		
		352			2.50		
							904.90

CONTINUATION SHEET

U. S. COST REIMBURSABLE

(Department, bureau, or establishment)

Sheet No. 3 of Bureau Voucher No. 944

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>Other Costs</u>					
		JV 067915			(2,449.00)		
		JV 067913			(912.00)		
		JV 067065			13.90		
		JV 067907			3,390.00		
		JV 067060			<u>1.88</u>		
							<u>44.78</u>