

PAID BY

Encl # 1

SAPC 22910

COPY 1 OF 2

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)

(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) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Cost				6,421.	02

PAYMENT:

Complete ☐

Partial ☐

Final ☐

Use continuation sheet(s) if necessary

Shipped from

to

Weight

Government B/L No.

Total

\$ 6,421.02

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

STATINTL

(Sign original only)

(Payee must NOT use this space)

Differences

Date 12/20/57 *Payee

(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.

A-121

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)

* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporation must be written in the space provided for the signature of the payee. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$", and over his official title.

Title

Approved For Release 2000/04/11 : CIA-RDP64-00360R000600010029-4

Services Other Than Personal

MEMORANDUM

CONTINUATION SHEET

U. S. COST REIMBURSABLE Sheet No. 1 of Bureau Voucher No. 1095
(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 <u>A-101</u> Costs applicable to All Systems					
		Direct Costs Properly Chargeable to Contract <u>A-101</u> for the period 6/10 thru 12/1/57					
		Research & Development STATINTL					<u>Total</u>
Labor for Sheet # 2	the period 6/10/57 thru 12/1/57						
Other Costs - per sheet attached sheet # 2		1,164.89 ✓ <u>2,210.62</u> ✓					
Total Labor and Other Costs							
G & A expense computed at interim rate of							
Total Costs		STATINTL				\$ <u>6,421.02</u>	

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6000100294
MEMORANDUM

U. S. _____ COST REIMBURSABLE _____
(Department _____)

(Department, bureau, or establishment)

Sheet No. 2 of Bureau Voucher No. 1095

U. S. GOVERNMENT PRINTING OFFICE		(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.
		Labor					
		JV 067921		674.26			
		097060		65.57			
		107728		(7.24)			
		117060		86.57			
		117730		<u>(5,964.50)</u>			
				</			

THE STANDARD REGISTER CO. - PACIFIC DIVISION OAKLAND LOS ANGELES
 118 FORM 118
 TICKET INVOICE CHECK
 BATCH NO DATE CR MEMO NO
 PAYEE NAME OR VENDOR NO CODE TR COST CNTR ACCT MJO SO W D
 DATE 08/25/57
 DISR AMT

38 08 23 7 1726 8287 1344 50 252700 12501 5047 10 1

37.64 *

37.64 **

37.64 ***

Sheet #1

Continued

TICKET		INVOICE		CHECK		PAYEE NAME		TR		COST		DATE 09/15/57		DISR AMT	
NO	DATE	CR	MEMO	NO		VENDOR	NO	CODE	CNTR	ACCT	MJO	SO	W O		
14	09 13 7	5-1041		8414	1368			55	252900	12501	5047	10	2		70.00
14	09 13 7	9685		8416	1367			55	252900	12501	5047	10	2		70.00
															140.00 *
															140.00 **
															140.00 ***

total

*140.00 ***
*140.00 ****

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Sheet #9

147.25 ***

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TICKET			PAYEE NAME		
BATCH	INVOICE	CHECK	OR	TR	COST
NO DATE	CR MEMO	NO	VENDOR NO	CODE	CNTR
19 10 17 7	5-1041	8523	1368	55	252900
19 10 17 7	9685	8524	1367	55	252900
					12501
					5047
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Sheet #4

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TICKET		INVOICE		CHECK		PAYEE NAME		TR		COST		ACCT		DATE 10/27/57		DISTR AMT	
BATCH	CR MEMO	NO	VENDOR NO	CODE	CNTR	NO	OR	NO	CODE	CNTR	NO	NO	NO	NO	NO	NO	NO
028	10	25	7	9685	8548	1367		55	252900	12501	5047	10	2				70.00
128	10	25	7	5-1041	8549	1368		55	252900	12501	5047	10	2				70.00

140.00 **
140.00 *** ✓

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TICKET
INVOICE CHECK
BATCH NO. DATE CR MEMO NO. PAYEE NAME OR VENDOR NO. CODE IR COST CNTR ACCT MJO DATE 11/10/57 SO W O DISTR AMT

03 11 01 7	9685	8564	1367	55	252900	12501	5047	10	2	70.00
03 11 01 7	5-1041	8565	1368	55	252900	12501	5047	10	2	70.00
09 11 08 7	5-1041	8575	1368	55	252900	12501	5047	10	2	70.00
09 11 08 7	9685	8576	1367	55	252900	12501	5047	10	2	70.00
										280.00 *

280.00 **

Check # 8 280.00 ***

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Sheet #7

BATCH NO DATE	TICKET		PAYEE NAME		TR CODE	COST CNTR	ACCT	MJO	DATE 11/17/57 SO W O	DISTR AMT
	INVOICE CR MEMO	CHECK NO	OR VENDOR NO							
14 11 15 7	5-1041	8591	1368		55	252900	12501	5047	10 2	70.00 70.00
14 11 15 7	9685	8590	1367		55	259900	12501	5047	10 2	70.00 70.00
										140.00 140.00 **
										140.00 **

Continued

TICKET PAYEE NAME
 INVOICE OR TR COST CNTR ACCT MJO SO W O DATE 11/24/57
 BATCH CHECK NO VENDOR NO CODE DISTR AMT
 NO DATE CR MEMO

25 11 22 7 5-1041 8610 1368 55 252900 12501 5047 10 2 70.00
 25 11 22 7 9685 8611 1367 55 252900 12501 5047 10 2 70.00
 140.00 *

140.00 *

140.00 *

Sheet #1

" 1 87.64

" 2 140.00

" 3 147.25

" 4 140.00

" 5 140.00

" 6 280.00

" 7 140.00

total \$1,164.89

Sheet #2