

Approved For Release 2000/04/11 : CIA-RDP64-00360R000600010049-2
PUBLIC VOUCHER FOR PURCHASES AND
SERVICES OTHER THAN PERSONAL

D. O. Vou. No. _____
Bu. Vou. No. 1094

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				26,147.	69

PAYMENT:

Complete ☐
Partial ☐
Final ☐

Use continuation sheet(s) if necessary

Shipped from _____ to _____ Weight _____ Government B/L No. _____ Total 26,147.69

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

(Payee must NOT use this space)

STATINTL

(Sign original only)

Differences _____

Date 12/13/57 *Payee _____

(Date not required when a like certificate is made by payee on attached bill or bills)

Per _____ Title _____

Amount verified; correct for
(Signature or initials) *PER*

26,147.69

Contract No. A-101 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. "John Doe Company, per _____, 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 _____

Public Voucher for Purchases and
Services Other Than Person-
nel
Approved For Release 2000/04/11 : CIA-RDP64-00360R000600010049-2
MEMORANDUM

CONTINUATION SHEET

U. S. COST REIMBURSABLE Sheet No. 1 of Bureau Voucher No. 1094
(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> System IV Direct Costs Properly Chargeable to Contract <u>A-101</u> for the period 11/25/57 thru 12/1/57 Research & Development STATINTL					
		Labor for Week Ending December 1, 1957					
		Overhead computed for Communications Division at interim rates as follows: Research & Development -  Production -  STATINTL STATINTL					
		Other Costs - per schedule attached					
		Total Labor, Overhead and Other Costs					
		G & A expense computed at interim rate of 					
		Total Costs STATINTL				\$ 26,147.69	

Best #1

BATCH NO	DATE	TICKET INVOICE CR MEMO	CHECK NO	PAYEE NAME OR VENDOR NO	TR CODE	COST CNTR	ACCT	MJO	DATE 11/30/57 SO W O	DISTR AMT
38	11 25 7	3013	12137	35	50	252700	12501	5044	02 1	31.80 31.80 *
39	11 26 7	80	11277	352	50	252720	12501	5044	02 1	1.13
45	11 29 7	9628	12107	181	50	252720	12501	5044	02 1	6.38
45	11 29 7	9628	12107	181	51	252720	12501	5044	02 1	.12- 7.39 *
37	11 25 7	1105017	12107	61	50	252720	12501	5044	04 1	39.19 ** 97.05
37	11 25 7	1105017	12107	61	51	252720	12501	5044	04 1	1.94- 314.80
40	11 27 7	3555	11297	350	50	252720	12501	5044	04 1	3.15- 406.76 *
40	11 27 7	3555	11297	350	51	252720	12501	5044	04 1	406.76 **
38	11 25 7	6963	11287	319	50	252720	12501	5044	13 1	104.25 1.04-
38	11 25 7	6963	11287	319	51	252720	12501	5044	13 1	103.21 * 103.21 **
37	11 25 7	5435	11277	1407	50	252700	12501	5044	14 1	51.00 .26-
37	11 25 7	5435	11277	1407	51	252700	12501	5044	14 1	156.00 .78-
37	11 25 7	5464	11297	1407	50	252700	12501	5044	14 1	285.00
37	11 25 7	5464	11297	1407	51	252700	12501	5044	14 1	135.00 78.00
41	11 27 7	2041	12207	174	50	252700	12501	5044	14 1	148.64 1.49-
41	11 27 7	2042	12207	174	50	252700	12501	5044	14 1	851.11 *
41	11 27 7	2044	12207	174	50	252700	12501	5044	14 1	
45	11 29 7	1653	12027	193	50	252700	12501	5044	14 1	
45	11 29 7	1653	12027	193	51	252700	12501	5044	14 1	
39	11 26 7	80	11277	352	50	252720	12501	5044	14 1	16.50

Sheet #3

BATCH NO	DATE	TICKET INVOICE CR MEMO	CHECK NO	PAYEE NAME OR VENDOR NO	TR CODE	COST CNTR	ACCT	MJO	SO	DATE 11/30/57	W O	DISTR AMT
45 11 29 7		9628	12107	181	50	252720	12501	5044	14	1		3.68
45 11 29 7		9628	12107	181	51	252720	12501	5044	14	1		.08-
												20.10 *
												871.21 **
42 11 27 7		2039	12207	174	50	252700	12501	5044	16	1		488.00
												488.00 *
												488.00 **
45 11 29 7		10364	12027	1132	50	252700	12501	5044	19	1		174.40
45 11 29 7		10364	12027	1132	51	252700	12501	5044	19	1		.87-
												173.53 *
												173.53 **
39 11 26 7		80	11277	352	50	252700	12501	5044	25	1		15.50
												15.50 *
45 11 29 7		SP14153	12207	113	50	252720	12501	5044	25	1		46.00
45 11 29 7		4103	12137	254	50	252720	12501	5044	25	1		37.40
45 11 29 7		4103	12137	254	51	252720	12501	5044	25	1		.37-
												83.03 *
												98.53 **
38 11 25 7		278	11297	1355	50	252130	12501	5044	28	1		720.00
38 11 25 7		278	11297	1355	51	252130	12501	5044	28	1		14.40-
39 11 26 7		80	11277	352	50	252130	12501	5044	28	1		4.50
												710.10 *
28 11 27 7		DM-1077	16418	1161	55	252500	12501	5044	28	1		729.00
												729.00 *
37 11 25 7		1491	12187	214	50	252720	12501	5044	28	1		86.00

Sheet #3

BATCH NO DATE	TICKET INVOICE CR MEMO	CHECK NO	PAYEE NAME OR VENDOR NO	TR CODE	COST CNTR	ACCT	MJO	SO	DATE 11/30/57 W O	DISTR AMT
38 11 25 7	240815	11267	127	50	252720	12501	5044	28	1	23.43
38 11 25 7	240815	11267	127	51	252720	12501	5044	28	1	.47-
38 11 25 7	241205	11267	127	50	252720	12501	5044	28	1	3.96
38 11 25 7	241205	11267	127	51	252720	12501	5044	28	1	.08-
43 11 27 7	C001707	12107	266	50	252720	12501	5044	28	1	206.00
43 11 27 7	C001707	12107	266	51	252720	12501	5044	28	1	1.03-
43 11 27 7	1098A	11297	1161	50	252720	12501	5044	28	1	8.460.00
28 11 27 7	1098A	16418	1161	55	252720	12501	5044	28	1	8.460.00-
										317.81 *
										1,756.91 **
44 11 27 7	A033234	11297	158	50	252700	12501	5044	30	1	50.00-
44 11 27 7	DM-1215	11297	158	50	252700	12501	5044	30	1	300.00
										250.00 *
										250.00 **
37 11 25 7	3018	12137	35	50	252700	12501	5044	36	1	600.00
40 11 27 7	8009172	11297	233	50	252700	12501	5044	36	1	38.00
40 11 27 7	8009172	11297	233	51	252700	12501	5044	36	1	.19-
										637.81 *
38 11 25 7	9842	12107	181	50	252720	12501	5044	36	1	24.25
38 11 25 7	9842	12107	181	51	252720	12501	5044	36	1	.49-
39 11 26 7	80	11277	352	50	252720	12501	5044	36	1	18.40
39 11 26 7	80	11277	352	50	252720	12501	5044	36	1	23.57
										65.73 *
										703.54 **
38 11 25 7	3861	12107	1417	50	252700	12501	5044	37	1	1,395.00
										1,395.00 *
										1,395.00 **
										6,285.88 ***

Sheet #4

BATCH NO-DATE	TICKET INVOICE CR MEMO	CHECK NO	PAYEE NAME OR VENDOR NO	TR CODE	COST CNTR	ACCT	MJO	DATE 11/30/57 SO W O	DISTR AMT
37 11 25 7	1490	12187	214	50	252700	12501	5055	11 1	45.00 45.00 *
43 11 27 7	C001706	12107	266	50	252720	12501	5055	11 1	16.50
43 11 27 7	C001706	12107	266	51	252720	12501	5055	11 1	16.50 0.08- 16.42 *
									61.42 **
									61.42 ***

Sheet #3 6285.80

Total \$ 6347.30