

Approved For Release 2000/04/11 : CIA-RDP64-00360R000600010080-7

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

U. S. _____
 (Department, bureau, or establishment)

Voucher prepared at _____
 (Give place and date)

THE UNITED STATES, Dr., Payee's Account No. _____

To The Ramo-Wooldridge Corporation
 (Payee)

8820 Ballanca Avenue Los Angeles 45, California
 (Address) (City) (State)

PAID BY

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	INVOICE NUMBERS				
			1056			\$4,954	37 ✓
			1957			4,258	03 ✓
			1058			32,471	72 ✓
			1059			46,071	94 ✓

PAYMENT:
 Complete
 Partial
 Final

Use continuation sheet(s) if necessary

Shipped from _____ to _____ Weight _____ Government B/L No. _____ Total \$ 87,756 06 ✓

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

(Payee must NOT use this space)

(Sign original only)

Differences _____

 Amount verified; correct for _____

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

Per _____ Title _____
 (Signature or initials)

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

Approved for \$ _____

13 Nov 57

By _____
 (Approving Officer)

SIGN ORIGINAL ONLY

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)

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)

* 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 should be given, together with the name of the person for whom it is written, as the case may be. 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.

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Title _____

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 Bu. Vou. No. _____

U. S. _____
 (Department, bureau, or establishment)

Voucher prepared at _____
 (Give place and date)

THE UNITED STATES, Dr., Payee's Account No. _____

To **The Ramo-Wooldridge Corporation**
 (Payee)

8820 Ballance Avenue **Los Angeles 45, California**
 (Address) (City) (State)

Page 1 of 1

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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 INVOICE NUMBERS					
		1056				4,954	37
		1057				4,258	03
		1058				32,471	72
		1059				46,071	94
PAYMENT:							
Complete <input type="checkbox"/>							
Partial <input type="checkbox"/>							
Final <input type="checkbox"/>							
Use continuation sheet(s) if necessary							
Shipped from _____ to _____ Weight _____ Government B/L No. _____				Total		87,756	06

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

(Sign original only)

(Payee must NOT use this space)

Differences _____

Date _____ *Payee _____
 (This certificate 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-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 _____
(Contracting Officer)

Title _____
(Approving Officer)

Date _____

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Title _____