

VOUCHER FOR PURCHASES AND
SERVICES OTHER THAN PERSONAL

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 _____

Ramo-Wooldridge Corporation

(Payee)

Los Angeles 45, California

(Address)

(City)

(State)

Page 1 of 2

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 NO.					
		2083					
		2084					
		2085					
		2086					
		2087					
		2088					
		2089					
		2090					
		2091					
		Use continuation sheet(s) if necessary		continued on pg. 2			

PAYMENT:

Complete ☐Partial ☐Final ☐

STATOTHR

Approved For Release 2002/05/10 : CIA-RDP64-00360R000600020107-6
PLC VOUCHER FOR PURCHASES AND
SERVICES OTHER THAN PERSONAL

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

Page 2 of 2

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

Voucher prepared at _____
(Give place and date)

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

To _____
(Payee)

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) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		INVOICE NO.					
		2092					
		2093					
		2094					
		2095					
		2096					
		2097					
		2098					
		2099					

PAYMENT:

Complete ☐
Partial ☐
Final ☐

Use continuation sheet(s) if necessary

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

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

(Sign original only)

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

(Payee must NOT use this space)

Differences _____

Amount verified; correct for _____

(Signature or initials) *EE*

STATOTHR

STATOTHR

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 \$ _____

By _____
Title _____

SIGN
ORIGINAL
ONLY

(Contracting Officer)

Date _____

May 18
STATOTHR

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)

STATOTHR

Paid by { Check No. _____ dated _____, 19____, for \$ _____ } on Treasurer of the United States in
{ Cash, \$ _____, on _____, 19____ } favor of payee named above.
(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 corporate name must be written in the space provided for the signature of the person writing the company or corporate name, 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 _____