U.S. COST	REIMBURSA	BLE •				PAII	O BY		
	_	(Department, bureau, or establishment)				0	4		
Voucher prepa	ared at	(Give place and date)			-	Lhe			
THE UNITED STATES, Dr., Payee's Account No.					010-1699-59				
	•					СОРУ	/ OF 1		
To		(Payee)			-	L	100	_	
			(01-1-)						
	bbA)	ARTICLES OR SERVICES	(State)			PRICE	AMOUNT		
No. and Date of Order	Date of Delivery or Service	(Enter description, item number of contract or Fede schedule, and other information deemed necess Discount Terms	eral supply sary)	QUANTITY	Cost	Per	Dollars	Cts.	
		Costs					\$16	60	
PAYMENT:									
Complete									
Partial Final		Use continuation sheet(s) if necessary					i		
Shipped from	<u> </u>		nent B/L No.			Total	\$16	.60	
	above bill is correct	and just and that payment has not been received.		yee must NO					
•		(Sign original only)	Differe	nces					
		(and a second se						-	
Date 3-2-59	*Pavee	required when a like certificate is made by payee on attached bill or b						60	
D -		Title (Signature of		ount verified; nature or init	ed; correct for				
Per Contract No.	a 101	Date Req. No.		Date		nvoice Rec'			
	rity vested in me	I certify that this account is correct and proper for payme	ent.						
				(Authori					
TApproved for \$.		SIGN							
Ву		ORIGINAL Title ONLY	e						
Title		Dat	e				4		
- 101V		HIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICE	CES SECURED WIT	HOUT WRITTEN	AGREEMENT	IN ANY FORM			
	ACCOU	NTING CLASSIFICATION (Appropriation Symbol must	be shown; ot	her classifica	tion option	nal)			
	•								
			•						
\ 								<u>.</u>	
(CL)-	No	dated, 19, for \$		on]			Treasurer of the United States in favor of yee named above.		
Paid by Check									

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