

25X1



EDGERTON, GERMESHAUSEN & GRIER, INC.
160 BROOKLINE AVENUE
BOSTON 15, MASSACHUSETTS

DESCRIPTION	INVOICE NUMBER OR DATE	OUR PURCHASE ORDER	NET AMOUNT
Refund on overbilling on contract TE 2191			10736 48

REMITTANCE ADVICE - PLEASE DETACH BEFORE DEPOSITING

100-2822-62
100-100

16 April 1962

Attention: Contracting Officer

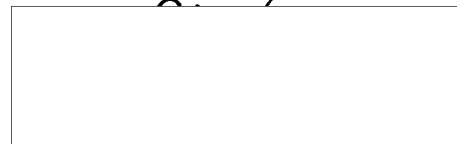
Subject: Contract TE-2191

Dear Sir:

Enclosed is our check in the amount of \$10,736.48. This check replaces the one we sent to you on March 27th which was incorrectly issued for \$10,763.48 and subsequently returned. As you know, our check represents the net amount due you as a result of the overhead adjustment on TE-2191 for the period January 1, 1961 through June 30, 1961.

We are sorry for the inconvenience this delay in settlement may have caused you. As per our March 27th letter, we will await your instructions concerning any additional releases necessary to finalize this contract.

Very truly yours,



STAT

RJH:cs

Encl. Chk. No. 675
(\$10,736.48)

-2057-12

1 1

27 March 1962

Attention: Contracting Officer

Subject: Contract TE-2191

Dear Sir:

I am enclosing our Bureau Voucher No. 115 on Contract TE-2191 which details the Overhead Adjustment for the period January 1, 1961 through June 30, 1961 which was the subject of a meeting between [] and myself recently. We are also enclosing our check in the amount of \$10,763.48 which represents the net amount due you as a result of this adjustment.

STAT

Will you please advise me of any additional releases, etc. that are necessary to wind up this contract?

Very truly yours

STAT

RJH:cs

Encls: Bu. Vou. No. 115

Chk. No. 527

3-30-62

Check in wrong amount returned to Co.
for corrected check

STAT

Standard Form No. 1034
7 GAO 5030
1034-107-16

PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL

Use continuation sheet(s) if necessary

D. O. VOU. NO. _____

BU. VOU. NO. 115 Final

U. S. Contracting Officer

(Department, bureau, or establishment)

Voucher prepared at _____ 26 March 1962

(Give place and date)

Payee's Account No. _____ Discount Terms _____

TO _____
(Payee)

(Address)

PAID BY

Contract No. TE-2191

Date 8/20/57 Req. No. _____

Date _____

Invoice Rec'd. _____

Shipped from _____

to _____

Weight _____

Govt. B/L No. _____

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	
		Overhead Adjustment 1/1/61-6/30/61				\$(22,800.19)
		Balance Fixed Fee				12,063.71
		Net Refund				\$(10,763.48)
TOTAL						\$(10,763.48)

PAYMENT:

(PAYEE MUST NOT USE THIS SPACE)

COMPLETE ☐
PARTIAL ☐
FINAL ☐
PROGRESS ☐
ADVANCE ☐

DIFFERENCES _____

Amount verified; correct for _____

(Signature or initials) _____

† Approved for _____ = \$ _____

By _____

Title _____

Exchange Rate _____ = \$1.00

Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.

† _____

(Authorized Certifying Officer)

(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. _____ on _____ Treasurer of the United States

Check No. _____ on _____ (Name of Bank)

Cash, \$ _____, on _____, 19 _____ Payee _____

* When used in foreign countries, insert name of currency of country in which used.

† 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.

Per _____

Title _____

Standard Form No. 1035
7 GAO 5000
1035-106**Public Voucher for Purchases and
Services Other Than Personal**

CONTINUATION SHEET

U.S. Contracting Officer _____

(Department, bureau, or establishment)

Sheet No. 1 of Voucher No. 115 Final

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	
		<u>Provisional Billing</u>	<u>Actual Final Rates</u>			<u>Difference</u>
Direct Labor						
Las Vegas		\$ 96,380.63		\$ 96,380.63		
Santa Barbara		979.22		979.22		
		<u>\$ 97,359.85</u>				
Burden				\$		
Las Vegas			95.03%	\$ 91,590.51		
Santa Barbara			130.9%	1,281.80		
	112%	<u>\$109,043.03</u>				
Materials & Services		<u>\$147,411.19</u>		\$147,411.19		
Travel		7,130.62		7,130.62		
Freight & Express						
Other Direct Charges						
Overtime Premium		9,616.36		9,616.36		
Sub Total		<u>\$370,561.05</u>		<u>\$354,390.33</u>		
G & A Expense 9%		33,350.50	7.54%	26,721.03		
Total Costs Billed and Paid		<u>\$403,911.55</u>		<u>\$381,111.36</u>		
Overpaid						\$22,800.19
Balance Due on Fixed Fee:						
Total Fixed Fee for F/Y 1961				\$ 54,746.00		
Less: Paid on Account				<u>42,682.30</u>		12,063.71
Net Overpayment on Contract to be Refunded						<u>\$10,736.48</u>