

|                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                 |  |                                                                           |  |                                                                               |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------|--|---------------------------------------------------------------------------|--|-------------------------------------------------------------------------------|--|
| Standard Form No. 1034a<br>7 GAO 5000<br>1034-210                                                                                                                                                                                                                                                                                                                                                                                               |  | <b>PUBLIC VOUC<br/>SERVICES</b> |  | <b>FOR PURCHASES AND<br/>THAN PERSONAL</b>                                |  | VOUCHER NO.<br><div style="font-size: 1.5em; font-weight: bold;">651023</div> |  |
| U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION<br><br><b>DEPARTMENT OF THE ARMY<br/>HEADQUARTERS, II FIELD FORCE VIETNAM<br/>APO San Francisco 96266</b>                                                                                                                                                                                                                                                                                |  |                                 |  | VOUCHER PREPARED<br><div style="font-weight: bold;">14 October 1969</div> |  | SCHEDULE NO.                                                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                 |  | CONTRACT NUMBER AND DATE                                                  |  | PAID BY<br><br><div style="font-size: 1.2em;">10 Oct 69</div>                 |  |
| PAYEE'S NAME AND ADDRESS<br><br><div style="border: 1px solid black; padding: 5px; margin: 5px;"> <div style="display: flex; justify-content: space-between;"> <div> <b>110-69</b><br/><br/> <b>Albert J. Garani</b><br/> <b>Hq II FFV (34g)</b><br/> <b>APO 96266</b><br/><br/> <b>In Country</b> </div> <div style="text-align: right;"> <b>USACF448.V</b><br/> <b>APO SF 96496</b><br/><br/> <b>DATE PAID 23 OCT 69</b> </div> </div> </div> |  |                                 |  | REQUISITION NUMBER AND DATE                                               |  | DISCOUNT TERMS                                                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                 |  |                                                                           |  | PAYEE'S ACCOUNT NUMBER                                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                 |  |                                                                           |  | GOVERNMENT S/L NUMBER                                                         |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                 |  | SHIPPED FROM                                                              |  | TO                                                                            |  |

| NUMBER AND DATE OF ORDER | DATE OF DELIVERY OR SERVICE | ARTICLES OR SERVICES<br><small>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</small>                                                                                                                                        | QUAN-<br>TITY | UNIT PRICE |     | AMOUNT  |
|--------------------------|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------|-----|---------|
|                          |                             |                                                                                                                                                                                                                                                                                               |               | COST       | PER |         |
|                          |                             | In full settlement of the amount allowed by the Secretary of the Army, or an officer duly designated for such purpose, under authority of 31 U.S.C. 241 and AR 27-29 upon the claim of the above-named claimant for property damaged, lost, destroyed, captured, or abandoned in the service. |               |            |     | \$16.00 |
| TOTAL                    |                             |                                                                                                                                                                                                                                                                                               |               |            |     | \$16.00 |

(Use continuation sheet(s) if necessary) (Payee must NOT use the space below)

|                                                                                                                                                                                              |  |                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------|
| PAYMENT:<br><input type="checkbox"/> COMPLETE<br><input type="checkbox"/> PARTIAL<br><input type="checkbox"/> FINAL<br><input type="checkbox"/> PROGRESS<br><input type="checkbox"/> ADVANCE |  | DIFFERENCES<br><br>Amount verified; correct for |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------|

**14 Oct 69**

MEMORANDUM

**ROBERT W. JONES, LTC, JAGC**  
**Staff Judge Advocate**

ACCOUNTING CLASSIFICATION  
  

**970002.0000 01-2502 12 999-999**

**\$16.00**

(Amount claimed \$16.00)

|         |              |                                   |              |                   |
|---------|--------------|-----------------------------------|--------------|-------------------|
| PAID BY | CHECK NUMBER | ON TREASURER OF THE UNITED STATES | CHECK NUMBER | ON (Name of bank) |
|         | CASH         | DATE                              |              |                   |

COME BACK COPY JA SECTION

PPC-Japan