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REQUEST
NO. 1511
SEP 23 1968

MATERIAL REVIEWED AT CIA HEADQUARTERS BY
HOUSE SELECT COMMITTEE ON ASSASSINATIONS STAFF MEMBERS

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FILE TITLE/NUMBER/VOLUME: GERMANY - FOLDER 102
REPORT OF FEB. 47
(CONEIL, LUCIEN EMILE)

INCLUSIVE DATES: FEB 47

CUSTODIAL UNIT/LOCATION: IP/ARCHIVES
ROOM: _____

DELETIONS, IF ANY: _____

| DATE RECEIVED | DATE RETURNED | REVIEWED BY (PRINT NAME) | SIGNATURE OF REVIEWING OFFICIAL |
|---------------|---------------|--------------------------|---------------------------------|
| 15 AUG 78 | 7-09 | DAN HARDWAY | Hardway |
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NO DOCUMENTS MAY BE COPIED OR REMOVED FROM THIS FILE.

TO: IP/AR GA-50 TUBE GT-7

FROM: (DIVISION OR STAFF & BRANCH) (ROOM NO.) (TUBE) (TEL. EXT.) REQUESTOR'S NAME - PLEASE PRINT

INSTRUCTIONS: 1. This form is to be used to request ENTIRE subject or or desk material which has been retired to record center thru IP/AR. 2. SINGLE DOCUMENT REQUESTS. This pertains to documents other than those that have been processed into the DDO records system. Documents in the system must be requested thru IP/CFS using established forms and procedures. If in doubt see your IMO.

DATE (mm-day-year) JOB NUMBER 57-94 BOX 15 FOLDER 102 DOCUMENT FILE NUMBER DOC. SYMBOL & NUMBER DATE (mm-day-year) Wash Sp-F. FN-6 SUBJECT OR TITLE Corwin, Lucien E. Capt.

REMARKS:

ACTION REQUESTED: TEMPORARY RETENTION (WILL RETURN IN 30 DAYS INDEFINITE) PERMANENT RETENTION INFORMATION ONLY. TYPE REQUEST: ROUTINE TELEPHONE PRIORITY (next available run see No. 2 below) SPECIAL PRIORITY (Requires exclusive run see No. 2 below). TIME NEEDED DATE (day-mth.) TIME IMO OR AUTHORIZED DESIGNEE SIGNATURE

IP/AR USE RESTRICTED TO REQUEST CLERK

MATERIAL TO BE USED FOR (check one): FOIA PRIVACY ACT OTHER (Specify)

CONFIDENTIAL CL. BY: 062147

NOTE: 1. Material is received in IP/AR at 1300 and 1630. 2. Special priority requests must be authorized by IMO or authorized designee.

Table with 15 rows and 4 columns for tracking document status.

RECORDS CENTER JOB NO. 57-94 SPACE NO. 407875 FILE NO. Wash Sp-F FN-6 DOCUMENT FOLDER NO. 102 BOX NO. 15 E2 IMPDET CL BY: 062147

POSTING VOUCHER

DATE: 28 February 1947

VOUCHER NO. 357

NAME OF FUNDS: _____ AMOUNT: _____ RATE: _____ VALUE IN TERMS OF PRINCIPAL CURRENCY _____

OBJECT: Accounting attached

DESCRIPTION: Misc. Receipt of \$21.00 represents collection of Munich mess fund.

| | DR. | CR. | POSTING INITIALS |
|--------------------------------------|---------------|---------------|------------------|
| CASH IN RECEIPTS | | | |
| ADVANCES: <u>Munich Op.-Holtzman</u> | <u>21.00</u> | <u>166.83</u> | |
| (Rate) | | | |
| TRANSFERS: _____ | | | |
| (Station) | | | |
| CONVERSIONS | | | |
| EXCHANGE | | | |
| MISCELLANEOUS RECEIPTS: | | <u>21.00</u> | |
| FINANCE | <u>166.83</u> | | |
| CITY ACCOUNTS | | | |
| OTHER | | | |

DISTRIBUTION OF INTERESTS:

| | 01 | 02 | 03 | 04 | 05 | 06 | 08 | 09 |
|----|----|----|----|----|----|---------------|----|----|
| IB | | | | | | <u>166.83</u> | | |

SPECIAL INFORMATION OR INSTRUCTIONS: _____

VOUCHER PREPARED BY: _____ APPROVED BY: _____ AUDITED BY: _____

CONFIDENTIAL

STATE FOR OPERATIONAL FUNDS

PERIOD 22 January to 15 February 1947, incl: Date 20, 2 1947

Cash balance beginning period ----- 10,510.00 RM

Advances outstanding beginning period ----- XX RM

Receipts

(a) Operational funds received XX

(c) Misc. Receipts (sale of property, etc.) 210.00 210.00 RM
Less refund from SOL. SMAN

Total funds for which accountable during period this report 10,720.00 RM

DISBURSEMENTS

1. Operational

(a) salaries 300.00 RM

(b) Others 395.00 RM 695.00 RM

2. Housekeeping

(rental) XX

(b) Auto maint. 373.27 RM

(c) Household XX

(d) Travel XX

(e) Other XX 973.27 RM

TOTAL Disbursements 1,668.27 RM

Total accountable funds less Total disbursements

Total accountable funds less Total disbursements 9,060.73 RM

I certify that to the best of my knowledge, the above accounting is true and correct, that all disbursements were for official organisational purposes only.

Request the sum of XXX be forwarded this Unit to bring the cash working balance to a safe level.

B. A. Holloman
Signature
B. A. HOLLAMAN

Approved

Stuart C. Johnston
Signature
STUART C. JOHNSTON

Attached hereto is a list of outstanding advances showing the name of the recipient and the amount advanced for which he is accountable.

Attached is itemized list of disbursements with receipts or certificates in lieu of receipts, for which credit is being claimed on this accounting report.

CONFIDENTIAL

ITEMIZED LIST OF DISBURSEMENTS
FOR THE PERIOD: 22.1 - 15.2.47:

- 1) Expenses for SAILOR -----300.00 RM ✓
- 2) Expenses for documents-----395.00 RM ✓
- 3) Auto maintenance: a)----- 25.00 RM ✓
 - b)-----172.50 RM ✓
 - c)----- 28.00 RM ✓
 - d)-----600.00 RM ✓
 - e)----- 1275 RM ✓
 - f)----- 53.51 RM ✓
 - g)-----112.00 RM ✓
 - h)-----118.85 RM ✓
 - i)----- 9.50 RM ✓
 - j)----- 37.06 RM ✓

TOTAL: 1,558.27 RM

ROBERT BOSCH G. m. b. H.
Zweigstelle München
Druckort: 81165 Bosch - Zweigstelle München
Fernruf: 362523
Bestellfrist: 1.45-17 Uhr, Sonntags 7.45-12.30 Uhr

© München 2, den 24. 1. 1947
Karlstraße 42 und Seifstraße 23/15

| Anz. | Sie erhalten zufolge Ihrer Bestellung | Preis | Bezug |
|------|---------------------------------------|-------|-------|
| 1 | Batterien 367 | | 25.85 |
| | 247 | | - 31 |
| | Fremdleistung | | - 50 |
| | | | 37.04 |

Dieser Zettel gilt ohne weiteres als Quittung
VKO-D 7416-305 (4.45, 200 5002) 0.614

Quittung über Barverkauf Nr.

Hans Obermeier
Auto - Elektrik - Spezialwerkstätten
München
Lindwurmstraße 84-86
Telefon 23869 / 55
Postfachkonto München 23869 / Fernruf 72502

Rechnung - Auftrag
758
Ausgestellt 24. Febr. 47

Hans Obermeier
Auto - Elektrik - Spezialwerkstätten
München
Lindwurmstraße 84-86
Telefon 23869 / 55
Postfachkonto München 23869 / Fernruf 72502

Rechnung - Auftrag
700
Ausgestellt 11. Febr.

Von Firma
Mil. Reg. Solln
Amd. Kennzeichen
Angenommen durch
G
Arbeitsbezeichnung
RM Ref
12003 Ford
ang kontrollieren.
Lichtmaschine und Regler ausgebaut, Feld-
schluss beseitigt, Haupteinührungskabel
geändert, Regler einjustiert, Aggregate
wieder ausgebaut.

Von Firma
Mil. Reg. Solln
Amd. Kennzeichen
Angenommen durch
G
Arbeitsbezeichnung
RM Ref
Eine Batterie BKK 367 füllen und laden,
zwei Batterien BKK 378 laden.
Zoll - 10 gut finden

Barzahlung bei Ablieferung!
Erfüllungsort und Gerichtsstand ist München.
Dieser Auftrag wird unter Anerkennung der
im Kraftfahrzeug-Gewerbe geltenden Bestim-
mungen erteilt.
Umsatzsteuer des Auftragsgebens od. des Bevollmächtigten:
Arbeitslohn 11.25
Teile 7.60
Fremdleistung
Spesen
Kleinteile
Gesamtbetrag 18.85

Barzahlung bei Ablieferung!
Erfüllungsort und Gerichtsstand ist München.
Dieser Auftrag wird unter Anerkennung der
im Kraftfahrzeug-Gewerbe geltenden Bestim-
mungen erteilt.
Umsatzsteuer des Auftragsgebens od. des Bevollmächtigten:
Arbeitslohn
Teile
Fremdleistung
Spesen
Kleinteile
Gesamtbetrag

Betrag erhalten: *gilt*
24. Feb. 1947

Betrag erhalten: *Hummel*
18. Feb. 1947

Autorisierte Ford-
Werkstätte
MÜNCHEN



Nidermair & Reich

Ilfflandstraße 14 (Bogenhauser Brücke)
Telefon 309 55 / Postscheck München 64749

Datum: 28. I. 47
Knr.

K-Rechnung No. 04096

Besitzer: Militärregierung, München Tegernseer Landstr.

Type: V8 Ford Kilom.-Std. Pol.-Nr.: XUSA-12008

| Ausgeführte Arbeiten: | RM | Rpf |
|--|-------|-----|
| Linke Wasserpumpe erneuert | | |
| Motorbefestigungsschrauben ersetzt. Montage | 13.70 | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Löhne | | |

Verwendetes Material (siehe Rückseite) 39.81

Ich/Wir erkennen den Preis der Rechnung an und verpflichte mich/uns den Betrag ungekürzt innerhalb 8 Tagen zu überweisen

Dankend erhalten

Nidermair & Reich G.m.b.H.
München, den 31. I. 1947
Tel. 309 55
Gerichtsstand für beide Teile München.

Unterschrift: *[Signature]*
München, den _____

Ford
bürgt für Qualität.
Wir verwenden nur Original Ford-Ersatzteile

FRIEDRICH NAGEL / Vulkanisierwerkstatt
Steinstraße 3 München 8 Telefon 43933

Meine Spezialität: Nachprofilierung glatte gefahrener Autoreifen nach Original-Motiven

Bankkonto: Bayerische Hypothek- und Wechsel-Bank, Zweigstelle Wiener Platz

München, den 31. I. 1947

Rechnung für

| | | |
|--|------------|------|
| Sie empfangen per laut Bestellung Nr. 3838 2, 11 Schillinge mehr. Best. | P.H. 12 | J.A. |
| Vulkanisierwerkstatt Friedrich Nagel München 8, Steinstr. 3 Telefon 43933 | | |

Robert Bosch G.m.b.H.
Verkaufshaus München

Formul.: 842 605
Geschäftszeit: 7.45-17 Uhr
Sonntags 7.45-12.30 Uhr

13b München 2, den 1. 1. 47 194

Quittung über Barreparatur Nr. 33890

für Refuge Control

München

Tegethnerlandstr.

| Wir führen zu unseren Bedingungen. folgende Arbeiten aus (Instandsetzungsarbeiten an Kraftfahrzeugen einztl. Zubehör werden zu den bekannten Einheitsbedingungen ausgeführt): | |
|--|--|
| 1 | Anlasser BGC 0,5/6 RS-28 instand. |
| | Material 3.15 |
| | Arbeitszeit 13.60 |
| | 16.75 |
| | Peder, Rastenscheibe und Klein- teile erneuert. |

Dieser Zettel gilt ohne weiteres als
rechtsgültige Quittung für Barreparaturen

WKO-D 8944-206 (B. 46 200 25 X 4) A3 - 898

| Buchungsmerkmale | QUITTUNG | Buchungsmerkmale |
|--|---------------------|---|
| von Firma Herrn Frau Frl. | Mister Belie | |
| für | Wagen instandsetzen | |
| | RM. 600 Rpf. | |
| in Worten RM. | Sechshundert | Rpf. |
| dankend erhalten zu haben wird hiermit bescheinigt. München den 30. Januar 1947 | | |
| O. M. H. E. Formblatt Bestellnummer 02.01.81 | | Verenigte Werkstätten für Karosserie und Wagenbau G. m. b. H. München 8, Wiener Pl. 7 u. 8 Firmenregister und Unternehmens- Hauptstadt |

KONRAD LÖHR
 INH. HANS LÖHR
 Reichs-Firmen-Nummer 1108516999
 Auto- und Motorrad-
 Reparaturwerkstätten und Garagen



Vertretung für Auto, Motorräder, Lieferwagen

München, den 13. Febr. 1947.
 Münchenerstr. 47, Tel. 80162

RECHNUNG

für Refuge Kontroll. München-Solln.

Bank-Konto: Dresdner Bank, Filiale München, Dep.-Kasse Mchn. 2, Marienplatz 11-12 / S&B Sparkasse München, Haupt-
 eingangsstraße Pasing - Postcheck-Konto München Nr. 8253

| | z.H. | H.H. |
|--|------|-------|
| Willys Auto rep.den Auspuff ausgebaut repariert geschweisst u.eingebaut. | | 28.00 |
| | Rmk. | 28.00 |
| Betrag <i>28.00</i> erhalten <i>13.2.47</i> | | |

Reklamationen werden nur innerhalb 8 Tagen berücksichtigt. Gerichtsstand und Erfüllungsort München-Pasing.

KONRAD LÖHR
 INH. HANS LÖHR
 Reichs-Firmen-Nummer 1108516999
 Auto- und Motorrad-
 Reparaturwerkstätten und Garagen



Vertretung für Auto, Motorräder, Lieferwagen

München, den 15. Januar 1947.
 Münchenerstr. 47, Tel. 80162

RECHNUNG

für Refugee Control München/Solln

Bank-Konto: Dresdner Bank, Filiale München, Dep.-Kasse Mchn. 2, Marienplatz 11-12 / S&B Sparkasse München, Haupt-
 eingangsstraße Pasing - Postcheck-Konto München Nr. 8253

| | z.H. | H.H. |
|---|------|--------|
| Jan. 14. BMW Auto rep.Kotflügel ausgerichtet, Scheinwerfer eingebaut, Auspuffrohr abgedichtet, die Winker nachgesehen, den Anlasser nachgesehen, die Verkleidung an der Rücklehne befestigt, Stossdämpfer eingebaut, die Bremse überholt Beläge erneuert, die Zündung nachgesehen, den Motor eingestellt, Getriebe u. Differenzialöl nachgefüllt. | | 145.00 |
| Material: | | |
| 4 Bremsbeläge | | 12.00 |
| 40 Nieten | | 1.60 |
| 1 Scheinwerferglas | | 6.00 |
| 1 Auspuffdichtung | | 1.00 |
| 1 1/2 lt. Getriebeöl | | 3.00 |
| Div. Kleinmaterial | | 4.00 |
| | Rmk. | 172.60 |
| Betrag <i>172.60</i> erhalten <i>1.2.47</i> | | |

Reklamationen werden nur innerhalb 8 Tagen berücksichtigt. Gerichtsstand und Erfüllungsort München-Pasing.

Autocisierte Ford-Wecksätze
München

NIEDERMAIR & REICH
MÜNCHEN

Ifflandstraße 14 (Bogenhauser Brücke)

Telefon 30955

Bayer. Hypotheken- und Wechselbank

Postcheck-Konto: München Nr. 84749



München, den 28. I. 47
Mr.

Rechnung No 0113

Für Refugee-Control

Militärregierung

in München - Tegernseerlandstr.

| | | | | | |
|-------------------|----------------|---------------------------|-----------------------------|--------------------|--------------|
| Modell V8 Pkw. | Motor Nr. - | Polizei-Nr. S = 0 4091 | Kilometer-Std. - 1600 km | Benzin-Inhalt - | Fernruf - |
|-------------------|----------------|---------------------------|-----------------------------|--------------------|--------------|

Ich erkläre durch Unterschrift, daß ich bevollmächtigt bin, das bezeichnete Fahrzeug zur Reparatur zu geben. Von den Reparatur-Bedingungen habe ich Kenntnis genommen. Für alle Arbeiten gilt Barzahlung bei Ablieferung.

Unterschrift

Die Vorteile der Ford-Garantie des Ford-Teile-Austauschsystems, des Kundendienstes usw. sichern Ihnen nur Ihre autorisierte Werkstätte. Wir verwenden und verkaufen nur echte Original-Ford-Ersatzteile von der Ford-Motor-Company A.-G. Köln a. Rh.

| Ausgeführte Arbeiten: | RM | Pfg. |
|---|----|------|
| 1. Inspektion lt. Vorlage ausführen | | |
| fehlende Schrauben u. Muttern ersetzt. | | |
| -ortage | 20 | 10 |
| Material siehe Rückseite | | |
| | | |
| Niedermaier & Reich G.m.b.H. Automobilwerk München München 22, Ifflandstr. 14, Tel. 30955 | | |
| 11. Linke Wasserpumpe muss ausgewechselt werden. | | |

| Zusammenstellung: | RM | Pfg. |
|--|----|------|
| 1. Reparaturkosten | - | -- |
| 2. Inspektion | 20 | 10 |
| 3. Fremde Arbeiten | - | -- |
| 4. Ford-Ersatzteile | 2 | 72 |
| 5. Zubehör | 1 | 55 |
| 6. Sonstiges Beschaff. Post. Betr. Stoff | - | 23 |
| | | 10 |

Achtung! Die Untersuchung Ihres Wagens ergab folgende Mängel, die dringend beseitigt werden müssen

RM 25,30

Ersatzteile

| Stück | Katg. Nr. | Bezeichnung | RM | Pfg. | RM | Pf. |
|--|-------------|----------------------------------|----|------|--------------------------|-------------|
| Fremdarbeiten | | | | | | |
| Betriebsstoff: | | | | | | |
| 6 | | Gummi-puffer, Schrauben u. Nutt. | - | 92 | | |
| | | Klein-u. Feinrig. Material | 1 | 80 | 1/4 Ltr. Getriebeöl 1.60 | - 40 |
| | | Zubehör | 2 | 72 | | |
| | | | 1 | 55 | | |
| | | Beschaff. Kosten | 4 | 87 | | |
| | | | - | 25 | | |
| | | Betr. Stoff | 4 | 50 | | |
| | | | - | 40 | | |
| | | | 4 | 09 | | |
| Sa | | | | | | |
| Zubehör | | | | | | |
| Stück | Bezeichnung | | RM | Pfg. | | |
| 1 | Kerze | | 1 | 55 | | |
| Sa | | | | | | |
| Sonstiges | | | | | | |
| | | | | | RM | Pfg. |
| Beschaff. Kosten | | | | | - | 25 |
| Sa | | | | | | |
| <p>Der umstehende Reparatur-Auftrag wurde ordnungsgemäß ausgeführt</p> <p>München, den</p> <p style="text-align: right;">Unterschrift: _____</p> | | | | | | |

18 Feb 47

CERTIFICATION

I certify that I have expended the sum of 395 RM
for documents forwarded to the Hq on 18 February 1947
(cf. MSC/MEMO/131).

B.A. Holtzman
B.A. Holtzman

APPROVED:

Mr. H. Hecksher

I hereby certify that I have received from
Bill Holtzmann 300 marks for the purpose of purchasing
a pair of ice skates for SAILOR. ✓

Signed

George Belic
George Belic
Belic

13 February 1947

*Sailor is an agent, now awaiting
'safe home' preparations.*

POSTING VOUCHER

DATE: 28 February 1947

VOUCHER NO. 358

TYPE OF FUND: _____ AMOUNT: _____ RATE: _____ VALUE IN TERMS OF PRINCIPAL CURRENCY _____

REFERENCE: Attached

DATE & ADAP: _____

| | DR. | CR. | POSTING INITIALS |
|--|-------|-------|------------------|
| CASH INVENTORY | | 30.00 | |
| ADVANCES: _____ (Care) | | | |
| TRANSFERS: <u>Stockholm</u> Station | 30.00 | | |
| CONVERSIONS | | | |
| EXCHANGE | | | |
| MISCELLANEOUS RECEIPTS: | | | |
| FOUNDED | | | |
| CURRENT ACCOUNTS | | | |
| TOTAL | | | |

DISTRIBUTION OF VOUCHERS:

| | | | | | | | | | |
|--------|----|----|----|----|----|----|----|----|----|
| NO. OF | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 |
| | | | | | | | | | |

SPECIAL INFORMATION OR INSTRUCTIONS: _____

VOUCHER PREPARED BY: _____ APPROVED BY: _____ AUDITED BY: _____

SECRET

NOTIFICATION OF TRANSFER OF FUNDS
OR ACCOUNTS

Date 28 February 1947

Number _____

TO : STOCKHOLM _____
(Designation of Station (Address)
to be charged or credited)

FROM: HEIDELBERG _____
(Designation of (Address)
initiating station)

Your account has been (~~Charged - Credited~~) on our books
as follows: (Cross out one)

Type of Funds SCRIP Amount \$ 30.00 Rate _____ US Dollar
Equivalent 30.00

Identification of individual (If applicable): _____

Helen E. Morgan

If transfer is on account of an advance of funds show date on
which advance was originally made: (If the amount transferred
represents a balance due, rather than a single advance made on
this date, explain under remarks.)

DESCRIPTION: Personal advance made to Miss Morgan during
her stay in Heidelberg

REMARKS: _____

Type of Funds _____ Amount \$ _____ P. H. Mangenk
(Signature of Special Funds Officer)

Form No. 33-9
Sep 1946

SECRET

POSTING

DATE: 28 February 1947

VOUCHER NO. 259

TYPE OF FUNDS: _____ AMOUNT: _____ RATE: _____ VALUE IN TERMS OF PRINCIPAL CURRENCY _____

OFFICE OF: Attached

DATE ADDED: _____

| | DR. | CR. | POSTING INITIALS |
|--|-----|-----|------------------|
|--|-----|-----|------------------|

| | | | |
|-----------------|--|-------|--|
| CASH & VOUCHERS | | 56.32 | |
|-----------------|--|-------|--|

ADVANCES: _____ (Name)

TRANSFERS: _____ (Station)

CONTRIBUTIONS

EXCH. G.

ISSUANCES RECEIPTS:

| | | | |
|----------|-------|--|--|
| EXPENSES | 56.32 | | |
|----------|-------|--|--|

OTHER ACCOUNTS

TOTALS

DISTRIBUTION OF EXPENSES:

| BRANCH | 01 | 02 | 03 | 04 | 05 | 06 | 08 | 09 |
|--------|----|----|----|----|----|----|----|----|
|--------|----|----|----|----|----|----|----|----|

| | | | | | | | | |
|----|--|-------|--|--|--|--|--|--|
| IB | | 56.32 | | | | | | |
|----|--|-------|--|--|--|--|--|--|

SPECIAL INFORMATION OR INSTRUCTIONS: _____

VOUCHER PREPARED BY: _____ APPROVED BY: _____ AUDITED BY: _____

SECRET

No. _____

VOUCHER FOR PAYMENT OF PER DIEM
AND/OR TRAVEL EXPENSES

Name of Payee: Harry K. Hermsdorf Position: Dep. Officer
Authority and Basis for Payment: Foreign Duty Data Sheet dated 12 Feb. 47

Period: From 1200 18 Feb. (Inclusive) To 2400 26 Feb. (Inclusive)
(Hour) (Date) (Hour) (Date)

List complete itinerary of travel on reverse side hereof, including date and hour of departures and arrivals and mode of transportation.

| | | |
|---|-----------------|-------------|
| Per Diem | _____ | See reverse |
| (No. of Days) | (Rate per day) | |
| Transportation | _____ | |
| Incidental Travel Expenses (Itemize on reverse side hereof) | _____ | |
| TOTAL | \$ 56.32 | |

| | | | | |
|---------|--------------------|--------------------|---|--------------|
| paid in | <u>Scrip</u> | <u>Par</u> | = | <u>56.32</u> |
| | (Type of Currency) | (Rate of Exchange) | | (Amount) |

APPROVED FOR PAYMENT:

Signature: [Handwritten Signature]
Date: _____ Title: _____

I CERTIFY that I have received the above amount for the period and purpose stated, and that I have not been, nor will I be, reimbursed from any other source.

(Signature or self-applied number of Payee)

I CERTIFY that the above payment has been made to the individual whose name appears above.

(Signature of Finance Officer Making Payment)

- * Not required if payment is in accordance with "cash-in" authorization.
- * Not required if voucher is signed by payee with full payroll name.

| | | |
|---------|--|------|
| Feb. 18 | Left Washington for POE, Gravelley Point | 1630 |
| 21 | Left Airport via ATC | 1600 |
| | Arrived Bermuda | 2345 |
| 22 | Left Bermuda | 0300 |
| | Arrived Azores | 1400 |
| | Left Azores | 1800 |
| 23 | Arrived Paris | 0500 |
| 25 | Left Paris | 1500 |
| | Arrived Wiesbaden | 1700 |
| | Left Wiesbaden Govt. vehicle | 1900 |
| | Arrived Frankfurt | 2000 |
| 27 | Left Frankfurt via Govt. vehicle | 1000 |
| | Arrived Heidelberg | 1200 |

PER DIEM:

~~59.50~~

59.50

| | | |
|---------|-----------------|--------------|
| Feb. 18 | 1/2 day @ 6.00 | 3.00 |
| 19-20 | 2 days @ 6.00 | 12.00 |
| 21 | 16 hours @ 6.00 | 4.00 |
| | 8 hours @ 7.00 | 2.32 |
| 22-26 | 5 days @ 7.00 | 35.00 |
| | | <u>56.32</u> |

POSTING VOUCHER

DATE: 28 February 1947

VOUCHER NO. 360

NAME OF FUNDS: _____ AMOUNT: _____ RATE: _____ VALUE IN TERMS OF PRINCIPAL CURRENCY _____

REFERENCE: T/A from Bern dated 18 Feb. 1947

DATE ADDED: _____

| | CR. | POSTING INITIALS |
|--|------|------------------|
| CASH INVENTORY | | |
| ADVANCES: _____ (NAME) | | |
| TRANSFERS: Berne _____ (STATION) | 2.07 | |
| CONVERSIONS | | |
| EXCHANGE | | |
| MISCELLANEOUS RECEIPTS: | | |
| EXPENSE 2.07 | | |
| OTHER ACCOUNTS | | |
| TOTAL: | | |

DISTRIBUTION OF EXPENSES:

| | 01 | 02 | 03 | 04 | 05 | 06 | 08 | 09 |
|----|----|----|----|----|----|----|------|----|
| IB | | | | | | | 2.07 | |

SPECIAL INFORMATION OR INSTRUCTIONS: _____

VOUCHER PREPARED BY: _____ APPROVED BY: _____ AUDITED BY: _____

POSTING

DATE: 28 Feb 47

VOUCHER NO. 361

TYPE OF AMOUNT: RATE: VALUE IN TERMS OF PRINCIPAL CURRENCY

REFERENCE: Attached

DESCRIPTION: Final payment at this station to Anne Curtis depart
US on PCS

| | DR. | CR. | POSTING INITIALS |
|-------------------------|-----|-------|---------------------|
| CASH INVENTORY | | 69.80 | |
| ADVANCES: (NAME) | | | |
| TRANSFERS: (STATION) | | | |
| CONVERSIONS | | | |
| EXCHANGE | | | |
| MISCELLANEOUS RECEIPTS: | | | |
| TYPING Allowance | | 19.80 | |
| OTHER ACCOUNTS Salary | | 50.00 | |
| TOTALS | | | |

DISTRIBUTION OF POSTINGS:

| PERIOD | 01 | 02 | 03 | 04 | 05 | 07 | 08 | 09 |
|--------|----|----|----|----|----|----|----|----|
| | | | | | | | | |

SPECIAL INFORMATION OR INSTRUCTIONS:

VOUCHER PREPARED BY: APPROVED BY: AUDITED BY:

SECRET No. _____
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 9/2/47 to 8/3/47
NAME OR NUMBER OF PAYEE ANNE CURTIS Position CODE CLERK

| Annual Rate | Amt. Payable |
|--|------------------|
| \$ <u>2644.80</u> | <u>50.00</u> |
| Type Currency | Rate of Exchange |
| | (Amount) |
| (If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here). | |

Departed U.S. on PCS. L & Q paid thru 2 March 1947

| | Annual Rate | Amt. Payable |
|----------------------------------|--------------------|-----------------|
| Quarters allowance | \$ _____ | \$ _____ |
| Cost of living allowance | \$ _____ | \$ _____ |
| Special Foreign Living allowance | \$ <u>1092-70%</u> | \$ <u>19.80</u> |
| aid in | | <u>19.80</u> |
| Type Currency | Rate of Exchange | (Amount) |
| TOTAL <u>69.80</u> | | |

I CERTIFY that I have received the above amount for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- (X) I am single without dependents in area.
- () I am single with dependents in area.
- () I am married without dependents in area.
- () I am married with dependents in area.
- () I was in travel status from _____ to _____ incl.

• I have taken NO hours of _____ leave from _____ to _____, during this period.

• Quarters and/or meals were furnished me as follows: _____

Date _____ 19 ____

Signature or self-applied No. of Payee

Approved for payment _____
Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.
Signature of P.C. making Payment

- If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.
- Not required if payment is in accordance with Washington authorization.
- Not required if voucher is signed by payee with full pay roll name.

POSTING VOUCHER

DATE: 27 Feb 47

VOUCHER NO. 362

TIME FOR FUNDS: _____ AMOUNT: _____ RATE: _____ VALUE IN TERMS OF PRINCIPAL CURRENCY _____

REFERENCE: Attached

OFFICE ADDRESS: _____

| | DR. | CR. | POSTING INITIALS |
|------------------------------|--------------|------------------------------|------------------|
| CASH INVENTORY Scip | 30.25 | Sterling 7:10 (30.26) | |
| ADVANCES: _____ (Name) | | | |
| TRANSFERS: _____ (Station) | | | |
| CONVERSIONS | 30.26 | 30.26 | |
| EXCHANGE Equalization | .01 | | |
| MISCELLANEOUS RECEIPTS: | | | |
| EXPENSES | | | |
| OTHER ACCOUNTS | | | |
| TOTAL | | | |

DISTRIBUTION OF REVENUES:

| | | | | | | | | |
|--------|----|----|----|----|----|----|----|----|
| NO. OF | 01 | 02 | 03 | 04 | 05 | 07 | 08 | 09 |
| " | " | " | " | " | " | " | " | " |

SPECIAL INFORMATION OR INSTRUCTIONS: _____

VOUCHER PREPARED BY: _____ APPROVED BY: _____ AUDITED BY: _____

SECRET

INTERNAL VOUCHER

28 Feb 47 104

I CERTIFY that I have received this date from the Finance Officer the following monies for the purpose(s) indicated. I FURTHER CERTIFY that the monies I receive will be used only for the best interests of the Government and not for any personal or individual gain.

ADVANCE TO BE PROPERLY ACCOUNTED FOR IN FULL

PURCHASE OF SUPPLIES AND/OR MATERIAL

SERVICES

PURCHASE OF

OFFICIAL ENTERTAINMENT

PAYROLL: PERIOD

SALARY

ALLOWANCES

TRAVEL REIMBURSEMENT

£ 7:10 Pounds AS CONVERSION OF \$30.25

TOTAL

30.25

SIGNATURE

William E. Palazs

TITLE & BRANCH

WILLIAM E. PALAZS
CHIEF, Communications

VOU. NO.

SECRET

POSTING VOUCHER

DATE: 27 Feb 47

VOUCHER NO. 363

KIND OF FUNDS: _____ AMOUNT: _____ R. : _____ VALUE IN TERMS OF PRINCIPAL CURRENCY _____

OFFICE: Attached

TITLE: Expenses and per diem for trip to London for William R. Balage

| | DR. | CR. | POSTING INITIALS |
|----------------------------|--------|--------|------------------|
| CASH IN HAND | | 151.42 | |
| ADVANCES: _____ (FUND) | | | |
| TRANSFERS: _____ (STATION) | | | |
| CONTRIBUTIONS | | | |
| EXCHANGE | | | |
| MISCELLANEOUS RECEIPTS: | | | |
| RECEIVED _____ | 151.42 | | |
| OTHER ACCOUNTS | | | |
| TOTALS | | | |

DISTRIBUTION OF AMOUNTS:

| BRANCH | 01 | 02 | 03 | 04 | 05 | 06 | 08 | 09 |
|--------|----|--------|----|----|----|----|----|----|
| CASH | | 151.42 | | | | | | |

SPECIAL INFORMATION OR INSTRUCTIONS: _____

PREPARED BY: _____ APPROVED BY: _____ AUDITED BY: _____

SECRET

VOUCHER FOR PAYMENT OF PER DIEM
AND TRAVEL EXPENSES

Name of Payee: WILLIAM E. BALAZS Position: LIAISON OFFICER

Priority and Basis for Payments: G-33-47 dtd 14 Feb 47

From 0001 17/2/47 (inclusive) To 2400 27/2/47 (inclusive)
(Hour) (Date) (Hour) (Date)

List complete itinerary of travel on reverse side hereof, including date and hour of departures and arrivals and mode of transportation.

| | | | |
|---|---------------|----------------|------------------|
| Per Diem | <u>11</u> | <u>7.00</u> | <u>77.00</u> |
| | (No. of Days) | (Rate per day) | |
| Transportation | | | <u>65.42</u> |
| Incidental Travel Expenses (Itemize on reverse side hereof) | | | <u>9.00</u> |
| TOTAL | | | <u>\$ 151.42</u> |

Paid in Scrp per = \$151.42
(Type of Currency) (Rate of Exchange) (Amount)

APPROVED FOR PAYMENT:

Date Feb 28, 1947

Signature [Signature]
Title Commissioner

I CERTIFY that I have received the above amount for the period and purpose stated, and that I have not been, nor will I be, reimbursed from any other source.

(Signature or self-supplied Number of Payee)

I CERTIFY that the above payment has been made to the individual whose name appears above

(Signature of Finance Officer Making Payment)

- Not required if payment is in accordance with Washington authorization.
- Not required if voucher is signed by payee with full pay-roll name.

| | | | |
|--------|---|------|-----------------|
| 17 Feb | Left Heidelberg via gov't trans | 1430 | |
| 18 Feb | Arrived Paris | 0730 | |
| | Left Paris via comm. Trans | 1200 | |
| | Arrived London | 1650 | |
| | Cost of Air ticket to London and return to Paris | | 52.71 |
| 25 Feb | Left London via comm. Trans | 0800 | |
| | Arrived Paris | 1730 | |
| 26 Feb | Left Paris via gov't warrant | 2000 | |
| 27 Feb | Arrived Heidelberg | 0930 | |
| | Cost of Berth on train | | 12.71 |
| | 11 day per diem @ 7.00 | | 77.00 |
| | Paris taxi fr station to hotel and return | | 5.00 |
| | London taxi fr station to hotel and return | | 4.00 |
| | | | <u>\$151.42</u> |

SECRET

No. G-33-47

WAR DEPARTMENT DETACHMENT
U.S. FORCES, EUROPEAN THEATER
APO 757

DATE: 14 Feb 47

TRAVEL ORDERS

NAME: WILLIAM E. PALAZS TITLE: LIAISON OFFICER

OFFICIAL STATION: Heidelberg, Germany BRANCH: COMMUNICATIONS

You are hereby authorized to travel in accordance with the Standardized Government Travel Regulations and applicable provisions of Public Law 126-79th Congress during the period and for the purpose indicated below:

FROM: Heidelberg, Germany TO: Paris, London and return

DATE EFFECTIVE: 17 Feb 47, or as soon thereafter as practicable for a period of approximately fifteen days.

PURPOSE: TDY connection with communications project

MODE OF TRAVEL AUTHORIZED AS INDICATED BELOW:

- Military Vehicle () Common Carrier
() Military Aircraft Commercial Aircraft

PER DIEM ALLOWANCE: \$7.00 per day. 20% of the per diem allowance will be deducted for each meal and or lodging furnished without charge by a Government Agency. 15% of the per diem allowance will be deducted for each meal and/or lodging purchased from the Military or another branch of the Government drawing rations from the military or providing quarters by arrangement with the military.

FRANK H. LANGENG
Social Funds Officer

SECRET

POSTING VOUCHER

DATE: 28 Feb 47

VOUCHER NO. 364

TYPE OF NUMBER: _____ AMOUNT: _____ RATE: _____ VALUE IN TERMS OF PRINCIPAL CURRENCY _____

REFERENCE: T/A from Berne dated 31 January 1947

DETAILS: Payment to Herbert Baldwin per request of Lt. Col. Kubler, Executive Officer, Heidelberg to 1153

| | DR. | CR. | POSTING INITIALS |
|-----------------------------------|-------|-------|------------------|
| CASH IN VOUCHER | 52.57 | | |
| ADVANCES: _____ (Name) | | | |
| TRANSFERS: <u>Berne</u> (Station) | | 52.57 | |
| CONVERSIONS | | | |
| EXCHANGE | | | |
| MISCELLANEOUS RECEIPTS: | | | |
| TREASURY | | | |
| OTHER ACCOUNTS | | | |
| TOTALS | | | |

DISTRIBUTION OF VOUCHERS:

| | | | | | | | | |
|----|----|----|----|----|----|----|----|----|
| 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 |
| | | | | | | | | |

SPECIAL INFORMATION OR INSTRUCTIONS: _____

VOUCHER PREPARED BY: _____ APPROVED BY: _____ AUDITED BY: _____

POSTING VOUCHER

DATE: 17 Feb 47

VOUCHER NO. 365

TYPE OF PURCHASE: scrip AMOUNT: 102.00 RATE: par VALUE IN TERMS OF PRINCIPAL CURRENCY 102.00

REFERENCE: Attached

TITLE AREA:

| | DR. | CR. | POSTING INITIALS |
|--|-----|-----|------------------|
|--|-----|-----|------------------|

| | | | |
|--------------|--|--------|--|
| CASH IN HAND | | 102.00 | |
|--------------|--|--------|--|

ADVANCES: (none)

TRANSFERS: (none)

CONVERSIONS

EXCHANGE

MISCELLANEOUS RECEIPTS:

| | | | |
|---------|--------|--|--|
| EXPENSE | 102.00 | | |
|---------|--------|--|--|

OTHER ACCOUNTS

OTHER DEBITS

DEBIT ADJUSTMENT OF INTERESTS:

| DATE | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 |
|------|----|----|----|----|----|----|----|----|----|
|------|----|----|----|----|----|----|----|----|----|

| | | | | | | | | | |
|----------|--|--|--|--|--|--|--|--|--------|
| SERVICES | | | | | | | | | 102.00 |
|----------|--|--|--|--|--|--|--|--|--------|

SPECIAL INFORMATION OR INSTRUCTIONS:

VOUCHER PREPARED BY: _____ APPROVED BY: _____ AUDITED BY: _____

ACQUISITION AND ACCOUNTING REPORTS

Date: 17 Feb 47 Branch: SERVICES No: _____

To: Special Funds Officer HEIDELBERG
STATION

Disbursement of Special Funds in amount of \$102.00

To: _____

For Essential tools for the motor pool

_____ is hereby authorized.

These funds are required for official business of a confidential nature and are to be cleared to _____

AUTHORIZED BY:

Attached
(Signature) | _____ (Title)

This is to certify that I have received \$102.00
(Amount and type of funds)
from the Special Funds Officer for the purpose as above authorized.

XXX The disbursement of these funds was made in accordance with above authorization and is evidenced by attached documents.

I will account to the organization for the proper disbursement of these funds and return any unexpended balance by _____
(Date of completion of mission, project, etc.)

Initial applicable paragraph

Sign'd: John L. Hadden
JOHN L. HADDEN
1st Lt. Eng.

CITY GARAGE

LUXEMBOURG-G. - rue Jos. Jundt, 7
à 50 m de la Gare Centrale
Téléph. 45-73 et 69-44

N° 000911

MGARAGE-EQUIPMENT

| | | | |
|-----------------|-----------------------------------|-------|-------------|
| A PAYER 13.2.47 | | | |
| 12 | jauche pour ampape | 80.- | |
| 12 | limes pour contact | 16.- | |
| 50 | m. cable 2 fils 2x1 | 12.50 | |
| 12 | Interrupteur à tirage | 24.- | |
| | enveloppe Englebert box 16 | 2.45 | |
| | 1 rep. chambre au, rulleauisation | | |
| | <i>Sur acquit</i> | | pr. 14.45.- |
| | 13.2.47 | | |

POSTING VOUCHER

DATE: 17 Feb 47

VOUCHER NO. 366

TYPE OF UNITS: Pounds AMOUNT: 1.10 RATE: 4.035 VALUE IN TERMS OF PRINCIPAL CURRENCY: 6.05

REFERENCE: Attached

DESCRIPTION: CONVERSION OF POUNDS STERLING TO SCRIP

| | DR. | CR. | POSTING INITIALS |
|-------------------------|------|------------|------------------|
| CASH INVENTORY | | | |
| Sterl 1:10 (6.05) | | Scrip 6.05 | |
| ADVANCES: | | | |
| (Trans) | | | |
| TRANSFERS: | | | |
| (Station) | | | |
| CONVERSIONS | 6.05 | 6.05 | |
| EXCHANGE | | | |
| MISCELLANEOUS RECEIPTS: | | | |
| EXPENSE | | | |
| OTHER ACCOUNTS | | | |
| TOTALS | | | |

DISTRIBUTION OF INITIALS:

01 | 02 | 03 | 04 | 05 | 06 | 08 | 09

SPECIAL INFORMATION OR INSTRUCTIONS:

VOUCHER PREPARED BY: _____ APPROVED BY: _____ AUDITED BY: _____

2

SECRET

INTERNAL VOUCHER

17 Feb 47

~~CONFIDENTIAL~~

I CERTIFY that I have received this date from the Finance Officer the following monies for the purpose(s) indicated. I FURTHER CERTIFY that the monies I receive will be used only in the best interests of the Government

and not for any personal or individual gain.

ADVANCE TO BE PROPERLY ACCOUNTED FOR IN FULL

PURCHASE OF SUPPLIES AND/OR MATERIAL

SERVICES

PURCHASE OF

OFFICIAL ENTERTAINMENT

PAYROLL: PERIOD

SALARY

ALLOWANCES

TRAVEL REIMBURSEMENT

6.05

AS CONVERSION OF 1:10

TOTAL

6.05

SIGNATURE *Henry Wunsch*

TITLE & BRANCH HENRY WUNSCH

VOU. NO. _____

SECRET

POSTING VOUCHER

DATE: 17 Feb 47

VOUCHER NO. 367

TYPE OF FUNDS: scrip AMOUNT: 43.59 UNIT: per VALUE IN TERMS OF PRINCIPAL CURRENCY 43.59

REFERENCE: Attached

INITIALS: _____

| | DR. | CR. | POSTING INITIALS |
|--|-----|-----|------------------|
|--|-----|-----|------------------|

| | | | |
|----------------|--|-------|--|
| CASH INVENTORY | | 43.59 | |
|----------------|--|-------|--|

| | | | |
|---------------------------|--|--|--|
| ADVANCES: _____ (Name) | | | |
|---------------------------|--|--|--|

| | | | |
|-------------------------------|--|--|--|
| TRANSFERS: _____ (Station) | | | |
|-------------------------------|--|--|--|

| | | | |
|-------------|--|--|--|
| CONVERSIONS | | | |
|-------------|--|--|--|

| | | | |
|----------|--|--|--|
| EXCHANGE | | | |
|----------|--|--|--|

| | | | |
|-------------------------|--|--|--|
| MISCELLANEOUS RECEIPTS: | | | |
|-------------------------|--|--|--|

| | | | |
|---------|-------|--|--|
| EXPENSE | 43.59 | | |
|---------|-------|--|--|

| | | | |
|----------------|--|--|--|
| OTHER ACCOUNTS | | | |
|----------------|--|--|--|

| | | | |
|--------|--|--|--|
| TOTALS | | | |
|--------|--|--|--|

| DISTRIBUTION OF INTERESTS: | | | | | | | | | |
|----------------------------|----|----|----|----|----|----|----|----|----|
| BRANCH | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 |

| | | | | | | | | | |
|-------|-------|--|--|--|--|--|--|--|--|
| COMMO | 43.59 | | | | | | | | |
|-------|-------|--|--|--|--|--|--|--|--|

SPECIAL INFORMATION OR INSTRUCTIONS: _____

VOUCHER PREPARED BY: _____ APPROVED BY: _____ AUDITED BY: _____

SECRET

No. _____

VOUCHER FOR PAYMENT OF PER DIEM
AND/OR TRAVEL EXPENSES

Name or Number of Payee: William E. Balazs Position: Liaison Officer

Priority and Basis for Payment: G-31-47 Travel Order dtd 8 Feb 47

From 0001 9/2/47 (inclusive) To 2400 15/2/47 (inclusive)
(Hour) (Date) (Hour) (Date)

List complete itinerary of traveler on reverse side hereof, including date and hour of departures and arrivals and mode of transportation.

Per Diem 7 7.00 43.50
(No. of Days) (Rate per day)

Transportation \$ _____

Incidental Travel Expenses (Itemize on reverse side hereof) \$ _____

TOTAL \$ _____

Paid in scrip par = 43.50
(Type of Currency) (Rate of Exchange) (Amount)

* APPROVED FOR PAYMENT:

Signature _____

Date _____ Title _____

I CERTIFY that I have received the above amount for the period and purpose stated, and that I have not been, nor will I be, reimbursed from any other source.

William E. Balazs
(Signature or self-applied Number of Payee)

I CERTIFY that the above payment has been made to the individual whose name appears above

(Signature of Finance Officer Making Payment)

- * Not required if payment is in accordance with Washington authorization.
- * Not required if voucher is signed by payee with full pay-roll name.

| | | | |
|----------|-----------------------------------|------|------|
| 9 Feb 47 | Left Heidelberg via gov't trans. | 0600 | |
| | Arrived Karlsruhe | 0715 | |
| | Left Karlsruhe via comm. train | 0830 | |
| | Cost of trans Karlsruhe to Vienna | | 7.19 |
| 10 Feb | Arrived Vienna | 0915 | |
| 13 Feb | Left Vienna via gov't trans | 2150 | |
| 16 Feb | Arrived Karlsruhe | 0100 | |
| | Left Karlsruhe via gov't trans. | 0130 | |
| | Arrived Heidelberg | 0300 | |

| | | | |
|--|--|-------|--------------|
| 7 days @ 7.00 | | 49.00 | |
| Less: 3 billets furnished @ 1.40 | | 4.20 | |
| 8 meals purchased fr govt facil @ 1.05 | | 8.40 | |
| | | | <u>36.40</u> |
| | | | <u>43.59</u> |

22.54

S E C R E T

No. G-31-47

WAR DEPARTMENT DETACHMENT
U.S. FORCES, EUROPEAN THEATER
APO 757

DATE: 3 February 1947

TRAVEL ORDERS

NAME: WILLIAM E. BALAZS TITLE: LIAISON OFFICER

OFFICIAL STATION: Heidelberg, Germany BRANCH: COMMUNICATIONS

You are hereby authorized to travel in accordance with the Standardized Government Travel Regulations and applicable provisions of Public Law 126-79th Congress during the period and for the purpose indicated below:

FROM: Heidelberg, Germany TO: VIENNA, AUSTRIA AND RETURN

DATE EFFECTIVE: 9 FEBRUARY 1947, or as soon thereafter as practicable for a period of approximately 10 days.

PURPOSE: TDY connections communications project.

MODE OF TRAVEL AUTHORIZED AS INDICATED BELOW:

Military Vehicle Common Carrier
 Military Aircraft Commercial Aircraft

PER DIEM ALLOWANCE: \$7.00 per day. 20% of the per diem allowance will be deducted for each meal and or lodging furnished without charge by a Government Agency. 15% of the per diem allowance will be deducted for each meal and/or lodging purchased from the military or another branch of the Government drawing rations from the military or providing quarters by arrangement with the military.

FRANK H. KATZENG
Special Funds Officer

S E C R E T

ORIGINAL NO. 1 COPY

101957

ACCOUNTABLE U.S. AGENCY

U.S. ARMY

AUSTRIAN R.R.

Warrant No.

101957

CENTRAL RAILWAY WARRANT

BON DE CHEMIN DE FER

DES KLEINER BEZATZUNGS-FAHRSCHEN

For the movement by
pour le transport à exécuter par train
Mit Zug

ORIENT-EXPRESS

train

De
From
Von
Via
Für
Über

VIENNA

To
A
Nach

SALZBURG

| | Number Zahl | Weight Poids Gewicht | Axles Essieux Achsen | km | |
|--|----------------|----------------------------|----------------------------|----|---|
| Officers Officiers | | | | | Mr. BALOGS Car 12 |
| Enlisted men Hommes de Troupe Mannschaften | | | | | Hq. War Dep. AG Office 20 June 1946; Washington |
| Civilians Civilistes | 1 | | | | Sleepers authorized 13 February 1947 |
| Baggage Cochet | | | | | Car 3 Borth # 4 |

Signed
Gründe
Commandet
As
A
Gis

W. Balogs
RTO VIENNA

ITO or
Issuing
Agency
Date
Datum

W. C. LEBLANC
Capt. 33

by M. Janiczek

13 February 1947

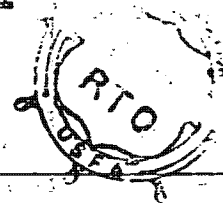
Instructions

Prescriptions Departs Vienna 21:50

Benutzungsbestimmung

Departure station stamp
Timbre de la gare de départ
Stempel des Abgangsbahnhofs

13 Febr. 1947



PROCUREMENT AUTHORITY

ORDRE DE PROCURATION REFERENCE
ANSCHAFFUNGS-ERMÄCHTIGUNG

701 - 1 - 23 432 - 02 - 270425 - 5103 - 999

IMPORTANT - If conductor fails to collect give to ITO or Stationmaster at destination.

Exemplar No. 1 is certified by passenger and turned over to gateman at departure station. If no gateman, train conductor will pick it up.

Exemplar No. 2 is retained by passenger, presented to train conductor if required and turned over to destination gateman.

Exemplar No. 3 is copy for file at originating agency.

Army Book 49A, Chd 1 April 1946

NOTE - PROCUREMENT AUTHORITY TO BE EXTRACTED FROM ORDERS

Exemplar No. 1 A signer par le voyageur et a remettre a l'employé en passant sur le quai, de la Gare de Depart. Si n'ya pas d'employé, remettre cet exemplaire au conducteur de train.

Exemplar No. 2 A conserver par le voyageur - A presenter au conducteur du train s'il le demande - A remettre a la sortie de la Gare de Destination.

Exemplar No. 3 A conserver dans les Archives du Cochet ayant établi le Billet.

NOTE - ORDRE DE PROCURATION REFERENCE EXTRAITE DE L'AUTORISATION DE VOYAGER

Teil 1 wird bei Antritt der Reise von der Eisenbahn abgenommen. Falls auf dem Abgangsbahnhof keine Sperre vorhanden, ist vom Zugbegleitpersonal abzunehmen.

Teil 2 gilt als Fahrkarte und bei der Fahrkartenprüfung auf Verlangen vorzulegen und bei Beendigung der Reise auf dem Zielbahnhof abzugeben.

Teil 3 dritte Ausfertigung ist für die Akten der ausfertigenden Dienststelle bestimmt.

NOTE - ANSCHAFFUNGS-ERMÄCHTIGUNG LAUT ANORDNUNG

POSTING VOUCHER

DATE: 18 Feb 47

VOUCHER NO. 369

TYPE OF FUNDS: _____ AMOUNT: _____ RATE: _____ VALUE IN TERMS OF PRINCIPAL CURRENCY _____

REFERENCE: Attached

REMARKS: _____

| | DR. | CR. | POSTING INITIALS |
|--------------------------|--------------|--------------|------------------|
| CASH IN HAND | | | |
| <u>Scrip</u> | <u>35.00</u> | | |
| <u>SwPes 150 (34.93)</u> | | | |
| ADVANCES: | | | |
| _____ (name) | | | |
| TRANSFERS: | | | |
| _____ (station) | | | |
| CONVERSIONS | <u>35.00</u> | <u>35.00</u> | |
| EXCHANGE Equalization | | <u>.02</u> | |
| MISCELLANEOUS RECEIPTS: | | | |
| _____ | | | |
| OTHER ACCOUNTS | | | |
| _____ | | | |

DISTRIBUTION OF COPIES:

01 | 02 | 03 | 04 | 05 | 06 | 08 | 09

SPECIAL INFORMATION OR INSTRUCTIONS: _____

VOUCHER PREPARED BY: _____ APPROVED BY: _____ AUDITED BY: _____

INTERNAL VOUCHER

18 Jul 47
~~22 Jul 47~~

I CERTIFY that I have received this data from the Finance Officer the following monies for the purpose(s) indicated. I FURTHER CERTIFY that the monies I receive will be used only for the best interests of the Government and not for any personal or individual gain.

ADVANCE TO BE PROPERLY ACCOUNTED FOR IN ALL

PROJECTS OR SUPPLIES AND/OR MATERIAL

SERVICES

EXPENSE OF

OFFICIAL ENTERTAINMENT

PAYROLL: PERIOD

SALARY

ALLOWANCES

TRAVEL REIMBURSEMENT

150 S/F AS CONVERSION OF 35.00

34.95

TOTAL 35.00

SIGNATURE J. X. [Signature]

TITLE & BRANCH

VOU. NO.

SECRET

POSTING VOUCHER

DATE: 18 Feb 47

VOUCHER NO. 369

TYPE OF FUNDS: Reichsmarks AMOUNT 240,000 RATE: .10 VALUE IN TERMS OF PRINCIPAL CURRENCY \$24,000.00

REFERENCE: _____

DESCRIPTION: PURCHASED BY BERNE FOR HEIDELBERG PER WASH #5447 DATED 11 JAN 47. BERNE CHARGED WASH IN SWISS FRANG COST.

| | DR. | CR. | POSTING INITIALS |
|------------------------------|-----------|-----------|------------------|
| CASH INVENTORY | 24,000.00 | | |
| ADVANCES: | | | |
| <u>(a/c)</u> | | | |
| TRANSFERS: <u>WASHINGTON</u> | | 24,000.00 | |
| <u> </u> | | | |
| CONVERSIONS | | | |
| EXCHANGE | | | |
| MISCELLANEOUS RECEIPTS: | | | |
| EXPENSE | | | |
| OTHER ACCOUNTS | | | |
| TOTALS | | | |

DISBURSMENT OF FUNDS:

| | | | | | | | |
|----|----|----|----|----|----|----|----|
| 01 | 02 | 03 | 04 | 05 | 06 | 08 | 09 |
| | | | | | | | |

SPECIAL INFORMATION OR INSTRUCTIONS: _____

VOUCHER PREPARED BY: _____ APPROVED BY: _____ AUDITED BY: _____

SECRET

NOTIFICATION OF TRANSFER OF FUNDS
OR ACCOUNTS

Date 18 Feb 47 Number _____

TO : WASHINGTON _____
(Designation of Station (Address)
to be charged or credited)

FROM: HEIDELBERG _____
(Designation of (Address)
initiating station)

Your account has been (~~Debited~~ - Credited) on our books
as follows: (Cross out one)

Type of Funds Reichsmark Amount \$240,000 Rate .10 US Dollar Equivalent \$24,000.00

Identification of individual (if applicable): _____

If transfer is on account of an advance of funds show date on which advance was originally made: (If the amount transferred represents a balance due, rather than a single advance made on this date, explain under remarks.)

DESCRIPTION: PURCHASED BY BERNE FOR HEIDELBERG PER WASH #5447

DATED 11 JAN 47. BERNE CHARGED WASHINGTON IN SWISS FRANK CASH.

REMARKS: _____

(Signature of Special Funds Officer)

Form No. 33-9
Sep 1946

SECRET

POSTING VOUCHER

DATE: 20 Feb 47

VOUCHER NO. 320

TYPE OF
ITEMS: Bus AMOUNT: 154 RATE: .10 PRINCIPAL CURRENCY \$15.40

REFERENCE: Attached

DETAILS: Payment to Language instructors

| | DR. | CR. | POSTING INITIALS |
|-------------------------------|-------|-------|------------------|
| CASH INVENTORY | | 15.40 | |
| ADVA CTS: _____ (Name) | | | |
| TRANSFERS: _____ (Station) | | | |
| COMMISSIONS | | | |
| EXCHANGE | | | |
| DISCONTINUOUS RECEIPTS: | | | |
| EXPENSE | 15.40 | | |
| OTHER ACCOUNTS | | | |
| TOTALS | | | |

DISPOSITION OF COPIES:

| | | | | | | | | |
|--------|----|----|----|----|----|----|----|----|
| | 01 | 02 | 03 | 04 | 05 | 06 | 08 | 09 |
| COPIES | 1 | 1 | | | | | | |

SPECIAL INFORMATION OR INSTRUCTIONS:

VOUCHER PREPARED BY: APPROVED BY: AUDITED BY:

ACQUISITION AND ACCOUNTING REQUISITION

Date: 20 Feb 47 Branch: Chief of Mission No: _____

To: Special Funds Officer Heidelberg
SECTION

Disbursement of Special Funds in amount of RERM 154 Reichsmarks

To: Elwood Backenstoss

For: Payment to Language instructors

_____ is hereby authorized.

These funds are required for official business of a confidential nature and are to be charged to Chief of Mission

AUTHORIZED BY:

Prior approval of COM
(Signature) (Title)

This is to certify that I have received 154 Rms (\$15.40)
(Amount and type of funds)
from the Special Funds Officer for the purpose as above authorized.

X The disbursement of these funds was made in accordance with above authorization and is evidenced by attached documents.

e I will account to the organization for the proper disbursement of these funds and return any unexpended balance by _____
(Date of completion of mission, project, etc.)

Signature: Elwood Backenstoss
ELWOOD BACKENSTOSS

* Initial applicable paragraph

Heidelberg, den 17. Febr. 1947

Abrechnung für die Zeit v. 11. - 15. Febr. 1947

| | | | | | |
|--------------------------|-------|---|------|-------|------|
| <u>H. Buchheim</u> | ..... | 4 | Stk. | ..... | 12.- |
| <u>G. Schubert</u> | ..... | 4 | " | ..... | 12.- |
| <u>A. Trabold</u> | ..... | 4 | " | ..... | 12.- |
| <u>E. Reichensperger</u> | ..... | 4 | " | ..... | 12.- |
| <u>W. Hennweg</u> | ..... | 4 | " | ..... | 12.- |
| <u>H. Vogt</u> | ..... | 3 | " | ..... | 9.- |
| <u>Hrl. Krüger</u> | ..... | 4 | " | ..... | 12.- |
| <u>Hrl. Burkhardt</u> | ..... | 4 | " | ..... | 12.- |
| <u>Hrau Sulzoffsky</u> | ..... | 4 | " | ..... | 12.- |
| <u>Hrl. Swaitzky</u> | ..... | 4 | " | ..... | 12.- |
| <u>Hrl. Gähne</u> | ..... | 4 | " | ..... | 12.- |
| <u>W. Müller-Seidel</u> | ..... |  |  |  | 25.- |

.....
164 . - RM

Müller-Seidel

Heidelberg, den 17. Febr. 1947

154. - All Mollsew
für die ...
v. 10. - 17. Febr 1947

11. Febr 47

Mutter - Sedels

POSTING VOUCHER

DATE: 20 Feb 47

VOUCHER NO. 371

TYPE OF FUNDS: Scip AMOUNT: 1436.45 VALUE IN TERMS OF: par PRINCIPAL CURRENCY: 1436.45

TYPE OF: Attached

DESCRIPTION: PURCHASE OF OPERATIONAL SUPPLIES

| | DR. | CR. | POSTING INITIALS |
|--|-----------|---------|------------------|
| CASH IN HAND | | 1436.45 | |
| ADVANCES: _____ (name) | | | |
| TRANSFERS: <u>Berne</u> _____ (station) | 67.30 | | |
| CONTRACTS | | | |
| EXCHANGE | | | |
| MISCELLANEOUS RECEIPTS: | | | |
| EXPENSE | 1369.15 ✓ | | |
| OTHER ACCOUNTS | | | |
| TOTALS | | | |

DISTRIBUTION OF COPIES:

01 02 03 04 05 06 07 08 09

INTELL 1436.45
1369.15

SPECIAL INFORMATION OR INSTRUCTIONS: _____

VOUCHER PREPARED BY: _____ APPROVED BY: _____ AUDITED BY: _____

23

REQUISITION AND ACCOUNTING FOR FUNDS

Date: 20 Feb 47 Branch: SUPPLY No: _____

To: Special Funds Officer HEIDELBERG
STATION

Disbursement of Special Funds in the amount of \$1369.15

By: CAPTAIN HARLAND H. HEDRICK, TC

For: PURCHASE OF OPERATIONS SUPPLIES

_____ is hereby authorized.

These funds are required for official business of a confidential nature and are to be charged to SUPPLY

AUTHORIZED BY:

(Signature) (Title)

This is to certify that I have received \$1369.15
(Amount and type of funds)
from the Special Funds Officer for the purpose as above authorized.

XXX The disbursement of these funds was made in accordance with above authorization and is evidenced by attached documents.

I will account to the organization for the proper disbursement of these funds and return any unexpended balance by _____
(Date of completion of mission, project, etc.)

Initial applicable paragraph

Signed: Harland H. Hedrick
HARLAND H. HEDRICK
Captain, TC

SECRET

NOTIFICATION OF TRANSFER OF FUNDS
OR ACCOUNTS

Date 20 Feb 47 Number _____

TO : BERNE _____
(Designation of Station (Address)
to be charged or credited)

FROM: REID-LEERG _____
(Designation of (Address)
initiating station)

Your account has been (~~Charged - Credited~~) on our books
as follows: (Cross out one)

Type of Funds scrip Amount \$ 67.30 Rate per US Dollar Equivalent 67.30

Identification of individual (If applicable): _____

If transfer is on account of an advance of funds show date on which advance was originally made: (If the amount transferred represents a balance due, rather than a single advance made on this date, explain under remarks.)

DESCRIPTION: PURCHASE FROM AMAZON ZONES OF PX SUPPLIES FOR

BERNE. BILL ATTACHED.

REMARKS: _____

(Signature of Special Funds Officer)

Form No. 33-9
Sep. 1946

SECRET

| | | | |
|---------------------------|------------|-------|--------|
| ✓ Perf. 4c | 30 bottles | \$491 | 98.20 |
| ✓ Face Powder | 94 boxes | 75 | 70.50 |
| ✓ Shaves | - 60 boxes | 3.00 | 180.00 |
| ✓ Cigarettes | - 1300 Ch | 85 | 910.00 |
| ✓ Laundry Soap | - 600 | @ .05 | 30.00 |
| ✓ Tooth Paste | - 160 | @ .15 | 24.00 |
| ✓ Alpha Cream | - 100 | @ .08 | 8.00 |
| ✓ Combs | - 15 | @ .05 | .75 |
| ✓ Lipsticks | - 50 | @ .75 | 37.50 |
| ✓ Nail Pol. Rem. & Enamel | - 50 | @ .07 | 3.50 |
| ✓ Vanels | - 10 | @ .45 | 4.50 |
| ✓ Face Wools | - 104 | .22 | 2.20 |

\$ 1369.15

Paid.

Ronnie De Waard
Ronnie De Waard
 MANAGER

Tooth Brushes

50

REQUISITION

To: _____ No. of Sheets _____ Sheet No. _____

Requisition No. _____ Date 19 Feb 47 Period _____

EXHIBIT Purchased from Army Exchange Service

Requested By (show Signature, Rank, Organization, Destination. If different from "same to" include address):

Approved By:

| STOCK No. | ARTICLES | UNIT | RECEIVED | | REQUIRED | APPROVED Cost |
|-----------|---------------------|------|----------|----------|----------|---------------|
| | | | Quantity | Received | | |
| | Perfume | btl | | 20 | \$ 4.51 | 98.20 |
| | Face powder | box | | 98 | \$.75 | 70.50 |
| | Cigars | box | | 60 | \$ 3.00 | 180.00 |
| | Cigarettes | cta | | 1300 | \$ 70.00 | 910.00 |
| | Soap, laundry | bar | | 600 | \$.05 | 30.00 |
| | Tooth paste | tube | | 160 | \$.15 | 24.00 |
| | Shaving cream | tube | | 100 | \$.08 | 8.00 |
| | Combs | ea | | 15 | \$.05 | .75 |
| | Lipstick | tube | | 20 | \$.75 | 37.50 |
| | Nail polish remover | btl | | 50 | \$.07 | 3.50 |
| | Towels | ea | | 10 | \$.45 | 4.50 |
| | Facd towels | ea | | 10 | \$.22 | 2.20 |
| | | | | | | 1369.15 |

| | | | |
|-----------------|---------------|------|---------------|
| ✓ Cig. | 60 lbs. | @.70 | 42.00 |
| ✓ Tooth Paste | 34 | @.15 | 3.60 |
| ✓ Shampoos | 20 | @.20 | 4.00 |
| ✓ Hair Cream | 5 | @.18 | .90 |
| ✓ Juice Tamale | 24 | @.13 | 3.12 |
| ✓ Bread | 28 | @.17 | 4.76 |
| ✓ Soap | 2 | @.75 | 1.50 |
| ✓ Ultra Gel | 8 | @.40 | 3.20 |
| ✓ Chewing Gum | 44 | @.04 | 1.76 |
| ✓ Tobacco Small | 4 | @.11 | .44 |
| ✓ Soap | 3 | @.20 | .60 |
| ✓ Colgate L.P. | (4 (20 lbs.)) | @.07 | .28 |
| ✓ Hair Oil | 2 | @.10 | .20 |
| ✓ Tooth Brush | 2 | @.12 | .24 |
| ✓ Hair Polish | 1 | @.10 | .10 |
| ✓ Shifonier | 15 | @.04 | .60 |
| | | | 15 245.30 |
| | | | 42.00 |
| | | | <u>287.30</u> |

Paid
 [Signature]
 P.M. MANAGER

REQUISITION

To: _____ No. of Sheets _____ Sheet No. _____

Requisition No. _____ Date _____ Period _____

~~XXXXXXXX~~ Purchased from Army Exchange Service _____

Requested By (show Signature, Rank, Organization, Destination. If different from "sent to" include address):

Approved By:

| STOCK No. | ARTICLES | UNIT | ON HAND AND DUE | XXXXXXXX Received | REQUIRED | XXXXXXXX Cost |
|-----------|------------------------|------|-----------------|---------------------------------|----------|-----------------------------|
| | Cigarettes | ctns | | 60 | @ .70 | 42.00 |
| | Tooth paste | tube | | 24 | @ .15 | 3.60 |
| | Nuts | can | | 20 | @ .20 | 4.00 |
| | Shaving cream | tube | | 5 | @ .18 | .90 |
| | Tomato juice | can | | 24 | @ .13 | 3.12 |
| | Blended juice | can | | 28 | @ .17 | 4.76 |
| | Lipstick | tube | | 2 | @ .75 | 1.50 |
| | Alka Seltzer | btl | | 8 | @ .40 | 3.20 |
| | Chewing gum | pkg | | 44 | @ .04 | 1.76 |
| | Tobacco, smoking | pkg | | 4 | @ .11 | .44 |
| | Kotex | pkg | | 3 | @ .20 | .60 |
| | Razor blades, Gillette | pkg | | 4 | @ .07 | .28 |
| | Hair oil | btl | | 2 | @ .10 | .20 |
| | Tooth brushes | each | | 2 | @ .12 | .24 |
| | Shoe polish | box | | 1 | @ .10 | .10 |
| | Lifesaver | pkg | | 15 | @ .04 | .60 |
| | | | | | | <u>67.80</u> |

To be pulled to Switzerland

POSTING VOUCHER

DATE: 28 February 1947

VOUCHER NO. 372

TYPE OF FUNDS: _____ ACCOUNT: _____ VALUE IN TERMS OF PRINCIPAL CURRENCY _____

REFERENCE: attached

DATE: _____

| | DR. | CR. | POSTING INITIALS |
|-------------------------------|--------|--------|------------------|
| CASH INVENTORY | | 300.00 | |
| ADVANCES: _____ (name) | | | |
| TRANSFERS: _____ (to whom) | | | |
| CONTRIBUTIONS | | | |
| EXCHANGE | | | |
| MISCELLANEOUS RECEIPTS: | | | |
| EXPENSE | 300.00 | | |
| OTHER ACCOUNTS | | | |
| TOTAL | | | |

DISTRIBUTION OF AMOUNTS:

| | 01 | 02 | 03 | 04 | 05 | 06 | 08 | 09 |
|----|--------|----|----|----|----|----|----|----|
| IB | 300.00 | | | | | | | |

SPECIAL INFORMATION OR INSTRUCTIONS: _____

VOUCHER PREPARED BY: _____ APPROVED BY: _____ AUDITED BY: _____

REQUISITION AND/OR ACCOUNTING FOR FUNDS

Date: 28 February 1947 Branch: Intelligence Number: _____

TO: Special Funds Officer, Heidelberg
(Station)

Disbursement of Special Funds in the amount of \$200.00 (23,792 Fr.)
100.00 (4,377 Belg.)

TO: Captain Marchand

For: Payment to Agents - Frances, DeJohnge, Freida.

_____ is hereby authorized.

These funds are required for official business of a confidential nature and are to be charged to _____
(Branch, Project, Function, Etc.)

AUTHORIZED BY:

(Signature) (Title)

* * * * *

This is to certify that I have received \$300.00
(Amount and type of funds)
from the Special Funds Officer for the purpose as above authorized.

- * _____ The disbursement of these funds was made in accordance with above authorization and is evidenced by attached documents.
- * _____ I will account to the organization for the proper disbursement of these funds and return any unexpended balance _____
(Date of completion of mission, monthly, etc.)

Signed: Hans L. Marchand
Hans. L. Marchand
Captain, CAC

* Initial applicable paragraph.

3

SECRET


28 February 1947

MEMORANDUM

SUBJECT: Salaries for the month of February

TO : Finance Officer

1. Requested that this field base be issued \$266.66 in U. S. currency - preferably in \$20.00 bills. This amount of currency represents the salaries of "HYPO" and "HEIKEL".
2. Requested that \$200.00 in French francs be issued to this field base. This represents the salary for "FRANCES".
3. Requested that \$100.00 in Belgian francs be issued to this field base. This represents the salary for "FREIDA" and the salary for Jean Dejohnge.


HANS L. MARCHAND
Capt., CAC

rc

SECRET

POSTING VOUCHER

DATE: **28 February 1947**

VOUCHER NO. **373**

TYPE OF FUNDS: _____ AMOUNT: _____ : VALUE IN TERMS OF PRINCIPAL CURRENCY _____

REFERENCE: **Attached**

DATE ADDED: _____

| | DR. | CR. | POSTING INITIALS |
|-------------------------------|--------|---------------|------------------|
| CASH INVENTORY | | U.S. \$266.00 | |
| ADVANCES: _____ (Name) | | scrip .65 | |
| TRANSFERS: _____ (Station) | | | |
| CONTRIBUTIONS | | | |
| EXCHANGE | | | |
| MISCELLANEOUS RECEIPTS: | | | |
| POSTAGE | 266.66 | | |
| OTHER ACCOUNTS | | | |
| Exchange equalization | | .01 | |

DISTRIBUTION OF FUNDS:

| | 01 | 02 | 03 | 04 | 05 | 06 | 08 | 09 |
|----------------|--------|----|----|----|----|----|----|----|
| Intell. | 266.66 | | | | | | | |

SPECIAL INFORMATION OR INSTRUCTIONS: _____

VOUCHER PREPARED BY: _____ APPROVED BY: _____ AUDITED BY: _____

REQUISITION AND/OR ACCOUNTING FOR FUNDS

Date: 28 February 1947 Branch: Intelligence Number: _____

TO: Special Funds Officer, Heidelberg
(Station)

Disbursement of Special Funds in the amount of \$166.66

TO: Captain Marchand

For: February salary for von Stasiak-Stessi. Copy of
contract in Washington files.

_____ is hereby authorized.

These funds are required for official business of a confidential nature and are to
be charged to _____
(Branch, Project, Function, Etc.)

AUTHORIZED BY:

(Signature) (Title)

This is to certify that I have received 166.66
(Amount and type of funds)
from the Special Funds Officer for the purpose as above authorized.

* _____ The disbursement of these funds was made in accordance with
above authorization and is evidenced by attached documents.

* _____ I will account to the organization for the proper disbursement
of these funds and return any unexpended balance _____
(Date of

completion of mission, monthly, etc.)

Signed: Hans L. Marchand
Hans L. Marchand
for Captain, CAC

* Initial applicable paragraph.

FORM NO. 33-7
SEP 1946

4

REQUISITION AND/OR ACCOUNTING FOR FUNDS

Date: 28 February 1947 Branch: Intelligence Number: _____

TO: Special Funds Officer, Heidelberg
(Station)

Disbursement of Special Funds in the amount of \$100.00

TO: Captain Marchand

For: February salary for Kubiczek. Copy of contract
in Washington files.

_____ is hereby authorized.

These funds are required for official business of a confidential nature and are to be charged to _____
(Branch, Project, Function, Etc.)

AUTHORIZED BY:

(Signature)

(Title)

This is to certify that I have received 100.00
(Amount and type of funds)
from the Special Funds Officer for the purpose as above authorized.

* _____ The disbursement of these funds was made in accordance with above authorization and is evidenced by attached documents.

* _____ I will account to the organization for the proper disbursement of these funds and return any unexpended balance _____
(Date of completion of mission, monthly, etc.)

Signed: *Hans L. Marchand*
Hans L. Marchand
Captain, CAC

* Initial applicable paragraph.

POSTING VOUCHER

DATE: 28 February 1947

VOUCHER NO. 374

TYPE OF UNIT: _____ AMOUNT: _____ RATE: _____ VALUE IN TERMS OF PRINCIPAL CURRENCY _____

REFERENCE: Attached

INITIALS: _____

| | DR. | CR. | POSTING INITIALS |
|---|----------|----------|------------------|
| CASH INVENTORY | | 2,000.00 | |
| ADVANCES: Heidelberg Field B. (Cap Marchand) | 2,000.00 | | |
| TRANSFERS: (Station) | | | |
| CONTRIBUTIONS | | | |
| EXCHANGE | | | |
| MISCELLANEOUS RECEIPTS: | | | |
| OTHER ACCOUNTS | | | |
| TOTALS | | | |

DISTRIBUTION OF EXPENDITURES:

| TRA | CA | CE | CO | CS | CR | CC | CC | CS |
|-----|----|----|----|----|----|----|----|----|
| | | | | | | | | |

SPECIAL INFORMATION OR INSTRUCTIONS: _____

VOUCHER PREPARED BY: _____ APPROVED BY: _____ AUDITED BY: _____

REQUISITION AND/OR ACCOUNTING BY FORM

Date: 28 Feb 47 Branch: INTELLIGENCE No: _____

To: Special Funds Officer HEIDELBERG

Disbursement of Special Funds in the amount of 20,000 Rms (\$2000.00)

To: CAPTAIN HANS MARCHAND, CAC

For: OPERATIONAL ADVANCE TO THE HEIDELBERG FIELD STATION

_____ is hereby authorized.

These funds are required for official business of a confidential nature and are to be charged to INTELLIGENCE

APPROVED BY:

ATTACHED
(Signature) (Title)

This is to certify that I have received 20,000 Rms (2000.00)
(Amount and type of funds)
from the Special Funds Officer for the purpose as above authorized.

• _____ The disbursement of these funds was made in accordance with above authorization and is evidenced by attached documents.

• XXXX I will account to the organization for the proper disbursement of these funds and return any unexpended balance by _____
(Date of completion of mission, project, etc.)

• Initials of Special Funds Officer

*Donec M. Martineau
for Capt Hans Marchand*

6

POSTING VOUCHER

DATE: 28 February 1947

VOUCHER NO. 375

KIND OF FUNDS: _____ AMOUNT: _____ R. #: _____ VALUE IN TERMS OF PRINCIPAL CURRENCY _____

REFERENCE: Attached

EXPLANATION: _____

| | DR. | CR. | POSTING INITIALS |
|----------------------------|-------|-------|------------------|
| CASH INVENTORY | | 50.00 | |
| ADVANCES: _____ (Date) | | | |
| TRANSFERS: _____ (Station) | | | |
| CONTRACTS | | | |
| EXCHANGE | | | |
| MISCELLANEOUS RECEIPTS: | | | |
| EXPENSE | 50.00 | | |
| OTHER ACCOUNTS | | | |
| TOTALS | | | |

DISTRIBUTION OF FUNDS:

| BRANCH | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 |
|---------|----|----|----|----|----|----|-------|----|----|
| Intell. | | | | | | | 50.00 | | |

SPECIAL INFORMATION OR INSTRUCTIONS: _____

VOUCHER PREPARED BY: _____ APPROVED BY: _____ AUDITED BY: _____

REQUISITION AND/OR ACCOUNTING FOR FUNDS

Date: 28 Feb., '47 Branch: Intell. Number: _____

NO: Special Funds Officer, Heidelberh
(Station)

Disbursement of Special Funds in the amount of \$ 50.00

TO: 'Roman'

For: Furnishing U. S. funds upon his return to
the U. S.

_____ is hereby authorized.

These funds are required for official business of a confidential nature and are to be charged to Intell.
(Branch, Project, Function, Etc.)

AUTHORIZED BY:

Attached

(Signature)

(Title)

This is to certify that I have received \$ 50.00
(Amount and type of funds)
from the Special Funds Officer for the purpose as above authorized.

* XXXXXXXX The disbursement of these funds was made in accordance with above authorization and is evidenced by attached documents.

* _____ I will account to the organization for the proper disbursement of these funds and return any unexpended balance _____

(Date of

completion of mission, monthly, etc.)

Signed: _____

S. LEMINGTON

* Initial applicable paragraph.


CONFIDENTIAL

28 February 1947

SUBJECT: Request for operational funds
TO : Special Funds Officer

1. It is requested the sum of \$ 50.00 in Scrip be advanced the undersigned for the purpose of purchasing a money order to be made payable to Roman, one of our people who is being returned to the U. S. and with whom we are severing connections.

2. It is considered desirable that subject be furnished with a sum of U. S. currency upon his arrival in the U. S.


S. LERKINGTON
Chief, Operations

CONFIDENTIAL

POSTING VOUCHER

DATE: 24 Feb 47

VOUCHER NO. 376

TYPE OF Scrap AMOUNT: 117.25 VALUE IN TERMS OF PRINCIPAL CURR. CY 117.25

REFERENCE: Attached T/A's BERN DATED 4 FEB. 790
109.35
112.25

DEPARTMENT: _____

| | DR. | CR. | POSTING INITIALS |
|--------------------------------------|---------------|---------------|------------------|
| CASH INVENTORY | | | |
| ADVANCES: _____ (Name) | | | |
| TRANSFERS: <u>Berne</u> (Station) | | <u>117.85</u> | |
| COMMODITIES | | | |
| EXCHANGE | | | |
| MISCELLANEOUS RECEIPTS: | | | |
| EXPENSE | <u>117.25</u> | | |
| OTHER ACCOUNTS | | | |
| TOTALS | | | |

DISTRIBUTION OF COPIES:

| | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 |
|--------|----|----|----|----|----|----|---------------|----|----|
| INTELL | | | | | | | <u>117.25</u> | | |

SPECIAL INFORMATION OR INSTRUCTIONS: _____

VOUCHER PREPARED BY: _____ APPROVED BY: _____ AUDITED BY: _____

POSTING VOUCHER

DATE: 19 Feb 47

VOUCHER NO. 377

TYPE OF INSTRUMENTS: scrip AMOUNT: 140.19 RATE: par VALUE IN TERMS OF PRINCIPAL CURRENCY 140.19

REFERENCE: Attached

TITLE SUBJECT: Repayment and/or accounting for advance made to Mr. C. Lewis by Barne

| | DR. | CR. | POSTING INITIALS |
|---|--------|--------|------------------|
| CASH INVENTORY | 11.46 | | |
| ADVANCES: <u>Lewis</u> (Bank) | 140.19 | 140.19 | |
| TRANSFERS: <u>Barne</u> (Stationery) | | 140.19 | |
| CONVERSIONS | | | |
| EXCHANGE | | | |
| DISBURSMENTS RECEIPTS: | | | |
| EXPENSES | 128.73 | | |
| OTHER ACCOUNTS | | | |
| TOTALS | | | |

DISBURSMENTS RECEIPTS:

| DATE | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 |
|------|----|--------|----|----|----|----|----|----|----|
| | | 128.73 | | | | | | | |

SPECIAL INFORMATION OR INSTRUCTIONS:

VOUCHER PREPARED BY: _____ APPROVED BY: _____ AUDITED BY: _____

ACQUISITION AND ACCOUNTING REPORTS

Date: 19 Feb 47 Branch: CHIEF OF MISSION No: _____

To: Special Funds officer HEIDELBERG
STETTIN

Disbursement of Special Funds in the amount of 128.73

To: MR. CROSEY LEWIS

For OFFICIAL EXPENSES in connections with trip to Berno, Switzer-
land for Mr. C. Lewis.

_____ is hereby authorized.

These funds are required for official business of a confidential nature and
are to be charged to CHIEF OF MISSION

AUTHORIZED BY:

(Signature) (Title)

This is to certify that I have received 128.73
(Amount and type of funds)
from the Special Funds Officer for the purpose as above authorized.

* XX The disbursement of these funds was made in accordance with
above authorization and is evidenced by attached documents.

* I will account to the organization for the proper disburse-
ment of these funds and return any unexpended balance
by _____
(Date of completion of mission, project, etc.)

* Initial applicable paragraph

Sign'd: *Crosby Lewis*
CROSEY LEWIS
Chief of Mission

Telephone: 2.45.81
 Telegamme: Palacehotel

Bellevue-Palace

GRAND HOTEL ET BERNERHOF · BERNE

H. Schmid
 Directeur

No 418

NOTE pour M.

M. & Mrs. Crosby Lewis

C. p. O.

| Mois | 6 | | | | | | | | | | | | | |
|-------------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| | Fr. | Cts | Fr. | Cts | Fr. | Cts | Fr. | Cts | Fr. | Cts | Fr. | Cts | Fr. | Cts |
| 1947 | | | | | | | | | | | | | | |
| M. 2 E. D. | | | | | | | | | | | | | | |
| Apportement | 40 | - | | | | | | | | | | | | |
| Arrangement | | | | | | | | | | | | | | |
| Renchérissement de vie | 1 | - | | | | | | | | | | | | |
| Chambre et Pension domest. | | | | | | | | | | | | | | |
| Supplément de chauffage | 4 | - | | | | | | | | | | | | |
| Déjeuner Restaurant | | | | | | | | | | | | | | |
| » Appartement | | | 6 | - | | | | | | | | | | |
| Oeufs, Fruits, Fromages, etc. | | | | | | | | | | | | | | |

M. C. Lewis
 Bern, le 7.2.47
 Pour acquit:
 Bellevue-Palace Bern
 Le caissier

| | |
|-----|-----|
| Fr. | Cts |
| 57 | 70 |
| 83 | 0 |
| 66 | - |

| | | | | | | | | | | | | | | |
|--------------------------|------|--|------|--|--|--|--|--|--|--|--|--|--|--|
| Vins | | | | | | | | | | | | | | |
| Eaux | | | 150 | | | | | | | | | | | |
| Bière | | | | | | | | | | | | | | |
| Spiritueux | | | | | | | | | | | | | | |
| Blanchissage, Repassage | | | | | | | | | | | | | | |
| Bains | | | | | | | | | | | | | | |
| Téléphone | | | 480 | | | | | | | | | | | |
| Appareils électr., Radio | | | | | | | | | | | | | | |
| Admission chien | | | | | | | | | | | | | | |
| Taxe de logement | | | -20 | | | | | | | | | | | |
| Timbre | | | -20 | | | | | | | | | | | |
| Total du jour | 1540 | | 1230 | | | | | | | | | | | |
| Report | | | 1540 | | | | | | | | | | | |
| Total | | | 5770 | | | | | | | | | | | |
| Paiement | | | | | | | | | | | | | | |
| Débours | | | | | | | | | | | | | | |
| Service % | | | 830 | | | | | | | | | | | |
| | 66 | | - | | | | | | | | | | | |

Service: 1-2 jours . . . 15%
 3-4 jours . . . 12%
 5 jours et plus . . . 10%

Tournez s. v. p.

MM. les clients sont priés de régler leur note de semaine le jour après présentation.

Telephone: 2.45.81
 Télégramme: Palacehotel

Bellevue-Palace

GRAND HOTEL ET BERNERHOF · BERNE

H. Schmid
 Directeur

No 418
 changé au N°

NOTE pour M. *Mrs. Grand Mrs. Coraly Lewis*

C. p. O.

| Mois <i>Févr.</i> 1947 | <i>13</i> | | <i>14</i> | | <i>15</i> | | <i>16</i> | | | | | | | |
|-------------------------------|-------------|-----|---------------|-----|--------------|-----|--------------|-----|-----|-----|-----|-----|-----|-----|
| | Fr. | Cts | Fr. | Cts | Fr. | Cts | Fr. | Cts | Fr. | Cts | Fr. | Cts | Fr. | Cts |
| M <i>2</i> E D | | | | | | | | | | | | | | |
| Appartement | <i>40.-</i> | | <i>40.-</i> | | <i>40.-</i> | | | | | | | | | |
| Arrangement | | | | | | | | | | | | | | |
| Renchérissement de vie | <i>1.-</i> | | <i>1.-</i> | | <i>1.-</i> | | | | | | | | | |
| Chambre et Pension domest. | | | | | | | | | | | | | | |
| Supplément de chauffage | <i>4.-</i> | | <i>4.-</i> | | <i>4.-</i> | | | | | | | | | |
| Déjeuner Restaurant | | | | | | | | | | | | | | |
| » Appartement | | | <i>6.-</i> | | <i>6.-</i> | | <i>6.-</i> | | | | | | | |
| Oeufs, Fruits, Fromages, etc. | | | <i>2.-</i> | | <i>2.-</i> | | <i>2.-</i> | | | | | | | |
| Orangeade, Citronade | | | | | | | | | | | | | | |
| Lunch Restaurant | | | | | | | | | | | | | | |
| » Appartement | | | | | | | | | | | | | | |
| Diner Restaurant | | | | | | | | | | | | | | |
| » Appartement | | | | | | | | | | | | | | |
| A la carte | | | | | | | | | | | | | | |
| Pâtisserie | | | | | | | | | | | | | | |
| Thé, Café, Lait, etc. | | | | | | | | | | | | | | |
| Vins | | | | | | | | | | | | | | |
| Eaux | | | | | | | | | | | | | | |
| Bière | | | | | | | | | | | | | | |
| Spiritueux | | | | | | | | | | | | | | |
| Blanchissage, Repassage | <i>16.-</i> | | | | | | | | | | | | | |
| Bains | | | | | | | | | | | | | | |
| Téléphone | | | <i>..50</i> | | <i>..40</i> | | <i>1.30</i> | | | | | | | |
| Appareils électr., Radio | | | | | | | | | | | | | | |
| Admission chics | | | | | | | | | | | | | | |
| M. <i>C. Lewis</i> | | | | | | | | | | | | | | |
| Berne, le <i>16.2.</i> | | | | | | | | | | | | | | |
| Note Hotel | | | <i>16.40</i> | | <i>52.00</i> | | <i>7.40</i> | | | | | | | |
| Remise - Déduction | | | | | <i>01.40</i> | | <i>18.80</i> | | | | | | | |
| Pour acquit: | | | | | | | | | | | | | | |
| Bellevue-Palace Berne | | | <i>2.-</i> | | | | <i>152.-</i> | | | | | | | |
| Débours du Cenc. | | | | | | | | | | | | | | |
| Le caissier: Service | | | <i>19.80</i> | | | | | | | | | | | |
| | | | <i>185.80</i> | | | | | | | | | | | |
| <i>27141</i> | | | | | | | | | | | | | | |
| <i>20</i> | | | | | | | <i>2.-</i> | | | | | | | |
| <i>11.11</i> | | | | | | | <i>11.11</i> | | | | | | | |
| <i>18.80</i> | | | | | | | <i>18.80</i> | | | | | | | |
| <i>2.-</i> | | | | | | | <i>2.-</i> | | | | | | | |
| <i>5.00</i> | | | | | | | <i>5.00</i> | | | | | | | |

27141
20
11.11
18.80
2.-
5.00

Service: 1-2 jours . . . 15%
 3-4 jours . . . 12%
 5 jours et plus . . . 10%

2.- Supplément

Tournez s. v. p.

MM. les clients sont priés de régler leur note de semaine le jour après présentation.

POSTING VOUCHER

DATE: 24 Feb 47

VOUCHER NO. 378

TYPE OF FUNDS: scrip AMOUNT: 116.82 RATE: par VALUE IN TERMS OF PRINCIPAL CURRENCY 116.82

REFERENCE: T/A attached GERN dated 14 February 1947

DETAILS: Personal loan to Mr. C. Lewis made by Berne and to be repaid in Heidelberg.

| | DR. | CR. | POSTING INITIALS |
|--------------------------------------|--------|--------|------------------|
| CASH INVENTORY | 116.82 | | |
| ADVANCES: <u>Lewis</u> (name) | 116.82 | 116.82 | |
| TRANSFERS: <u>Berne</u> (station) | | 116.82 | |
| DEFERRED | | | |
| EXCHANGE | | | |
| MISCELLANEOUS RECEIPTS: | | | |
| EXPENSE | | | |
| OTHER ACCOUNTS | | | |
| TOTALS | | | |

DISTRIBUTION OF EXPENSES:

| EXPENSE | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 |
|---------|----|----|----|----|----|----|----|----|----|
| | | | | | | | | | |

SPECIAL INFORMATION OR INSTRUCTIONS:

VOUCHER PREPARED BY: _____ APPROVED BY: _____ AUDITED BY: _____

POSTING VOUCHER

DATE: 24 Feb 47

VOUCHER NO. 379

SIDE OF VALUE IN TERMS OF
 FUNDS: scrip AMOUNT: 43.31 RATE: par PRINCIPAL CURRENCY 43.31

REFERENCE: Travel Order G-32-47 17D 13/2/47

DESCRIPTION: Confidential conference with American Liaison Section

| | DR. | CR. | POSTING INITIALS |
|-----------------------------|-----|-------|---------------------|
| CASH INVENTORY | | 43.31 | |
| ADVANCES: <u>(none)</u> | | | |
| TRANSFERS: <u>(station)</u> | | | |
| CONVERSIONS | | | |
| EXCHANGE | | 43.31 | |
| MISCELLANEOUS RECEIPTS: | | | |
| EXPENSE | | | |
| OTHER DEBIT | | | |
| TOTALS | | | |

DISTRIBUTION OF DEBITS:

| | 01 | 02 | 03 | 04 | 05 | 06 | 08 | 09 |
|--------|----|-------|----|----|----|----|----|----|
| INTELL | | 43.31 | | | | | | |

SPECIAL INFORMATION OR INSTRUCTIONS:

VOUCHER PREPARED BY: APPROVED BY: AUDITED BY:

SECRET

VOUCHER FOR PAYMENT OF PER DIEM
AND/OR TRAVEL EXPENSES

Name of Payee: SIDNEY H. LEWINGTON Position: CHIEF OPERATIONS
Priority and Basis for Payment: G-31-47 dated 18 Feb 47

From 0001 19/2/47 (inclusive) To 2400 23/2/47 (inclusive)
(Hour) (Date) (Hour) (Date)

List complete itinerary of travel on reverse side hereof, including date and hour of departures and arrivals and mode of transportation.

| | | | |
|---|---------------|----------------|-------------------|
| Per Diem | <u>5</u> | <u>7.00</u> | <u>35.00</u> |
| | (No. of Days) | (Rate per day) | |
| Transportation | | | <u>8.31</u> |
| Incidental Travel Expenses (Itemize on reverse side hereof) | | | <u> </u> |
| TOTAL | | | <u>43.31</u> |

paid in SCRIP DRP = 43.31
(Type of Currency) (Rate of Exchange) (Amount)

* APPROVED FOR PAYMENT:

Signature: Sidney H. Lewington
Date: 24 Feb. 1947 Title: Chief, Operations

I CERTIFY that I have received the above amount for the period and purpose stated, and that I have not been, nor will I be, reimbursed from any other source.

Sidney H. Lewington
(Signature or self-addressed Number of Payee)

I CERTIFY that the above payment has been made to the individual whose name appears above.

(Signature of Finance Officer Making Payment)

- Not required if payment is in accordance with Washington authorization.
- Not required if voucher is signed by payee with full payroll name.

FORM NO. 33-6
5-1946

| | | | |
|--------|--|------|----------------|
| 19 Feb | Left Heidelberg via gov't trans | 1800 | |
| 20 Feb | Arrived Paris | 0730 | |
| 22 Feb | Left Paris via gov't warrant | 2000 | |
| | Cost of berth on train 989 French Francs | | 8.51 |
| 23 Feb | Arrived Karlsruhe | 0900 | |
| | Left Karlsruhe via gov't trans | 0930 | |
| | Arrived Heidelberg | 1030 | |
| | 5 days per diem @ 7.00 | | <u>35.00</u> |
| | | | <u>\$43.51</u> |

112
114

3

S E C R E T

No. G-32-47

WAR DEPARTMENT DETACHMENT
U.S. FORCES, EUROPEAN THEATER
APO 757

DATE: 13 February 1947

TRAVEL ORDERS

NAME: SIDNEY E. LENINGTON TITLE: CHIEF, OPERATIONS

OFFICIAL STATION: Heidelberg, Germany BRANCH: INTELLIGENCE

You are hereby authorized to travel in accordance with the Standardized Government Travel Regulations and applicable provisions of Public Law 126-79th Congress during the period and for the purpose indicated below:

FROM: Heidelberg, Germany TO: PARIS, FRANCE AND RETURN

DATE EFFECTIVE: 18 FEBRUARY 1947, or as soon thereafter as practicable for a period of approximately seven days.

PURPOSE: CONFIDENTIAL CONFERENCE WITH AMERICAN LIAISON SECTION

MODE OF TRAVEL AUTHORIZED AS INDICATED BELOW:

() Military Vehicle () Common Carrier
() Military Aircraft () Commercial Aircraft

PER DIEM ALLOWANCE: \$7.00 per day. 20% of the per diem allowance will be deducted for each meal and or lodging furnished without charge by a Government Agency. 15% of the per diem allowance will be deducted for each meal and/or lodging purchased from the military or another branch of the Government drawing rations from the military or providing quarters by arrangement with the military.

FRANK H. LANGEN
Special Funds Officer

S E C R E T

COMPAGNIE INT. DES WAGONS-LITS
 ET DES GRANDS EXPRESS EUROPÉENS (S. A.)
 R. C. Seine 106.250



Bulletin de 2^{me} CLASSE

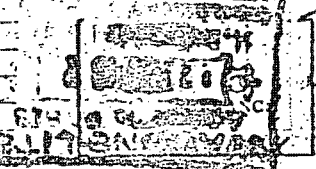
F N° 187499

Agence
 Colon 27
 Date d'émission 22/12

Départ de la gare de Paris le 23 1947 à 19h47 (en direct) (Libre en toutes lettres)
 (Nuit du 22 au 23 à 19h47 minutes)

| NOMBRE DE PLACES | PARCOURS | NUMÉROS DES PLACES | VOYAGE N° | PRIX PERÇU | | |
|------------------|--------------------------------------|--------------------|-----------|---------------------------------------|-----------|-------|
| | | | | DÉTAIL | PAR PLACE | TOTAL |
| 1 | Paris à Hambourg Train N° 5 | 18 | III | Supplément Location et Taxes diverses | 932 | |
| | | | | Droit de service | 57 | |
| | | | | PÉRIODES PÉRIODES | 989 | 989 |
| | | | | | | |

Le voyageur montera à Paris
 Titres de Transport N°
 Nom Robert Hemingway
 Adresse 111 Avenue
 Carte d'identité n° USA



Le droit de service au Conducteur EST PERÇU / N'EST PAS PERÇU
 Révisé le 22/12/47

Avis officiel important au verso.

POSTING VOUCHER

DATE: 24 Feb 47

VOUCHER NO. 371

TYPE OF VALUE IN TERMS OF
 UNITS: Pounds St AMOUNT: 4.12.02 RATE: 4.035 PRINCIPAL CURRENCY 18.59

REFERENCE: Attached

OFFICE ADDRESS: _____

| | DR. | CR. | POSTING INITIALS |
|--------------------------------|----------------|-------|------------------|
| CASH INVENTORY <u>Sterling</u> | 18.59 (4:12:2) | | |
| ADVANCES: _____ (Name) | | | |
| TRANSFERS: _____ (Station) | | | |
| CONTRIBUTIONS | 18.60 | 18.60 | |
| EXCHANGE <u>Equalization</u> | .01 | | |
| MISCELLANEOUS RECEIPTS: | | | |
| TYPE OF _____ | | | |
| OTHER ACCOUNTS | | | |
| TOTALS | | | |

DISTRIBUTION OF COPIES:

| | | | | | | | | |
|--------|----|----|----|----|----|----|----|----|
| BRA CH | C1 | C2 | C3 | C4 | C5 | C6 | C8 | C9 |
| | | | | | | | | |

SPECIAL INFORMATION OR INSTRUCTIONS: _____

VOUCHER PREPARED BY: _____ APPROVED BY: _____ AUDITED BY: _____

SECRET

INTERNAL VOUCHER

24 Feb 47 194

I CERTIFY that I have received this date from the Finance Officer the following monies for the purpose(s) indicated. I FURTHER CERTIFY that the monies I receive will be used only for the best interests of the Government

and not for any personal or individual gain.

ADVANCE TO BE PROPERLY ACCOUNTED FOR IN FULL _____

PURCHASE OF SUPPLIES AND/OR MATERIALS _____

SERVICES _____

PURCHASE OF _____

OFFICIAL ENTERTAINMENT _____

PAYROLL PERIOD _____

SALARY _____

ALLOWANCES _____

TRAVEL REIMBURSEMENT _____

\$18.60 AS CONVERSION OF 4:12:02 Pounds Sterling

TOTAL _____

SIGNATURE

Perry Lewis
PERRY LEWIS

TITLE & BRANCH _____

VOU. NO. _____

SECRET

POSTING VOUCHER

DATE: 24 Feb 47

VOUCHER NO. 381

TYPE OF FUNDS: Rms AMOUNT: 5000 RATE: .10 VALUE IN TERMS OF PRINCIPAL CURRENCY 500.00

REFERENCE: Attached

DETAILS: OPERATIONAL ADVANCE TO CAPT. HANS L. MARCENED

| | DR. | CR. | POSTING INITIALS |
|--------------------------|--------|--------|------------------|
| CASH INVENTORY | | 500.00 | |
| ADVANCE: <u>MARCEAND</u> | 500.00 | | |
| (<u>anc</u>) | | | |
| TRANSFERS: | | | |
| (<u>stages</u>) | | | |
| CONVERSIONS | | | |
| EXCHANGE | | | |
| MISCELLANEOUS RECEIPTS: | | | |
| EXPENSE | | | |
| OTHER ACCOUNTS | | | |
| TOTALS | | | |

DISTRIBUTION OF INITIALS:

| | | | | | | | | |
|----|----|----|----|----|----|----|----|----|
| 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 |
| | | | | | | | | |

SPECIAL INFORMATION OR INSTRUCTIONS:

VOUCHER PREPARED BY: _____ APPROVED BY: _____ AUDITED BY: _____

14

ACQUISITION AND ACCOUNTING FOR FUNDS

Date: 24 Feb 47 Branch: INTELL. No: _____

To: Special Funds Officer HEIDELBERG
STATION

Disbursement of Special Funds in the amount of 5,000 Rms (500.00)

To: Capt. Hans L. Marchand

For: _____

_____ is hereby authorized.

These funds are required for official business of a confidential nature and

are to be charged to INTELLIGENCE

AUTHORIZED BY:

Attached _____
(Signature) (Title)

This is to certify that I have received \$500.00 (5,000 Rms)
(Amount and type of funds)
from the Special Funds Office for the purpose as above authorized.

_____ The disbursement of these funds was made in accordance with
above authorization and is evidenced by attached documents.

XXX I will account to the organization for the proper disburse-
ment of these funds and return any unexpended balance
by _____
(Date of completion of mission, project, etc.)

Initial applicable paragraph

Signed: Hans L. Marchand
O. D. Fleming

SECRET

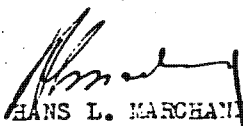
24 February 1947

MEMORANDUM

SUBJECT: Advance of Funds

TO : Finance Officer

1. Request that this office be issued 5,000 RM.


HANS L. MARCHAND
Capt., CAC

SECRET

POSTING VOUCHER

DATE: 25 Feb 47

VOUCHER NO. 382

FUNDS: _____ AMOUNT: _____ RATE: _____ VALUE IN TERMS OF PRINCIPAL CURRENCY _____

REFERENCE: Attached

DESCRIPTION: Purchase of Electrical Equipment

| | DR. | CR. | POSTING INITIALS |
|-------------------------------|--------|--------|------------------|
| CASH INVENTORY | | 145.40 | |
| ADVANCES: _____ (NAME) | | | |
| TRANSFERS: _____ (STATION) | | | |
| CONVERSIONS | | | |
| RECHARGE | | | |
| MISCELLANEOUS RECEIPTS: | | | |
| EXPENSES | 145.40 | | |
| CITRA ACCOUNTS | | | |
| INITIALS | | | |

DISTRIBUTION OF EXPENSES:

| | C1 | C2 | C3 | C4 | C5 | C6 | C8 | C9 |
|--------|----|-------|----|----|----|----|-------------------|----|
| SUPPLY | | 25.40 | | | | | 120.00 | |
| | | | | | | | 145.40 | |

SPECIAL INFORMATION OR INSTRUCTIONS: _____

VOUCHER PREPARED BY: _____ APPROVED BY: _____ AUDITED BY: _____

REQUISITION AND/OR ACCOUNTING FOR FUNDS

Date: 25 Feb 47 Branch: SUPPLY No: _____

To: Special Funds officer HEIDELBERG
STATION

Disbursement of Special Funds in the amount of 145.40 (17,297 French Francs)

To: Captain Harlan H. Hedrick, Capt, TC

For: PURCHASE OF ELECTRICAL EQUIPMENT WHICH COULD NOT BE
PROCURED FROM ARMY SOURCES.

_____ is hereby authorized.

These funds are required for official business of a confidential nature and
are to be charged to SUPPLY

AUTHORIZED BY:

ATTACHED
(Signature) _____ (Title)

This is to certify that I have received \$145.40 (17,297 French Francs)
(Amount and type of funds)
from the Special Funds Officer for the purpose as above authorized.

* XXXX The disbursement of these funds was made in accordance with
above authorization and is evidenced by attached documents.

* I will account to the organization for the proper disbursement
of these funds and return any unexpended balance
by _____
(Date of completion of mission, project, etc.)

Initial applicable paragraph

Sign of Harlan H. Hedrick
HARLAN H. HEDRICK
Capt. TC

2314-00-274

24 February 1947

SUBJECT: Purchase of supplies

TO : Special Funds Officer
thru: Lt. Col. L.E. Kubler, Ord.,
Executive Officer

FEB 24 1947

1. Following is the detailed accounting of disbursements and expenses incurred during my trip to Strasbourg over Feb 22 to Feb 23, 1947, for the purpose of purchasing electrical equipment to be used for official organizational purposes and which equipment could not be procured from Army sources. Accompanying me was Sgt. Ziegner, who assisted me in locating and procuring the items purchased.

| | | |
|------------|-------|--------------------------|
| Bill No. 1 | ----- | 6,514.-- Fr. Fcs. |
| " " 2 | ----- | 2,793.-- Fr. Fcs. |
| " " 3 | ----- | 2,312.50 Fr. Fcs. |
| " " 4 | ----- | <u>2,866.70 Fr. Fcs.</u> |

Total cost of supplies 14,276.20 Fr. Fcs

2. Following is accounting for personal expenses during trip for both Sgt. Ziegner and the undersigned

| | |
|--|-------------------------|
| Hotel bill (receipt attached) | 895.-- Fr. Fcs |
| Garage bill (receipt attached) | 90.-- Fr. Fcs. |
| Meals (No receipt attached Lunch, supper, 22 Feb) | <u>2,045.50 Fr. Fcs</u> |

Total personal expenses 3,020.50 Fr. Fcs

3. Total expenses, both for supplies and living costs during trip amounted to 17,296.70 Fr. Fcs.

4. I certify that above statement is true and correct and that none of the expenses listed were made for personal benefit.

Harold H. Heluck
HAROLD H. HELUCK
Capt. F.C.,
Procurement Officer

1st Ind.

TO: Special Funds Officer
Approved

24 February 1947

L. E. Kubler
L. E. KUBLER
Lt. Colonel, Ord.,
Executive Officer

STRASSBOURG

ELECTRICITE MODERNE

62, RUE DU JEU-DES-ENFANTS, 62

STRASBOURG

TÉLÉPHONE No

| Anz. | Datum | Preis | zfrs |
|------|-------|-------|---------|
| 25 | 220 | 39.90 | 997.50 |
| 20 | " | 39.60 | 792 |
| 10 | 160 | 50.60 | 506.- |
| 6 | 100 | 80.20 | 421.20 |
| | | | 2782.70 |
| | | | 2783 |

1900/10
 Date: 1900/10
 Per. Ref. d'articles. Umtausch ist
 nicht zulässig. Christine
 Date: 1900/10

Devis de réclamation de frets pour le présent note

| Qte | Art. | Qte | Art. | Qte | Art. |
|-----|---------|-----|------|------|------|
| 50 | Amp | 3 | 42 | 200 | - |
| 6 | Amp | 2 | 42 | 1030 | - |
| 10 | Amp | 40 | - | 400 | - |
| 1 | " | 40 | - | 240 | - |
| 26 | Maille | 42 | - | 840 | - |
| 30 | Raccord | 15 | - | 450 | - |
| 50 | DZ | 15 | 30 | 1100 | - |
| 20 | DZ | 15 | 30 | 600 | - |

Vendeur: 1112
50/10
 Frs. 6560.-
102
6458.-
6314.-

19

24, Rue de la Bourse, 24
 STRASBOURG (G. RHN)

| ARTICLES | Fr. | Cts |
|---------------|-------|---------|
| 25 Amp 220/40 | 38.- | 1330.- |
| 15 Amp 220/40 | 65.50 | 982.50 |
| | | 2312.50 |

ETABLISSEMENTS
MICHEL WAIGEL

STRASBOURG, le 22.2.47. 194

MAISON D'ELECTRICITE
APPAREILLAGE MENAGER
INSTALLATIONS RADIO

STRASBOURG
23, Avenue de la Forêt-Noire
Téléphone No 251.02
Registre de Commerce 153.19
C. Ch. Postaux 154.70

FACTURE

pour

| | | | |
|----|-----------------------------------|--------|----------------|
| 10 | Birnen Tageslicht 220Volt-200Watt | 241.20 | 2412.-- |
| 5 | " 220Volt-100 Watt | 79.-- | 395.-- |
| | | fr. | 2807.-- |
| | baisse 5% | | 140.30 |
| | TOTAL fr. | | 2666.70 |
| | | | ----- |

le 23. 9. 1947

Doit M *Adriak*

Garage

N° 532

| Voiture | Numéro de Police | Type | Puissance |
|---------------------|------------------|------|-----------|
| <i>Self service</i> | <i>7150</i> | | |

Entrée le 22. 2 H 18.00 Sortie le 23. 9. 47 H 13.45

| Quantité | | Prix Unitaire | Prix Total |
|----------|------------------------------|---------------|------------|
| 1 | Garage <i>avec nettoyage</i> | | 80 |
| | Lavage | | |
| | Graissage | | |
| | | | |
| | | | |

N° 532

Laissez-passer

Visa de la comptabilité autorisant la sortie à remettre par la caisse.

[Signature]

666 (stock) 11-46 - 100 cm.

LE NOUVEL HOTEL



PLACE KLÉBER
4, RUE DES FRANCS BOURGEOIS
STRASBOURG
R. C. Strasbourg 2351

Téléph. | | :
Adress Télégraphique : | | :
NOUVELOT. | | :

NOTE pour Messieurs HEDRICK

N° 05011

Appartement N° 212/3

Même Direction :
Hôtel de la Maison Rouge
Grand Hôtel National

Numéro Adress 11.5712-48

| Mois | 194 | 7 | 22 | 23 | | | | |
|-------------------------------|-----|---|-------|-------|--|--|--|--|
| REPORT Frs. | | | | 713 - | | | | |
| Pension | | | | | | | | |
| Appartement | | | 713 - | | | | | |
| Location au Mois | | | | | | | | |
| Bains | | | | | | | | |
| Petits Déjeuners | | | | | | | | |
| Œufs | | | | | | | | |
| Service Appartement | | | | | | | | |
| Note-Restaurant | | | | | | | | |
| Vins | | | | | | | | |
| Spiritueux | | | | | | | | |
| Eaux Minérales | | | | | | | | |
| Bières | | | | | | | | |
| Café, Thé, Chocolat | | | | | | | | |
| Pension Courriers | | | | | | | | |
| Autobus, Bagages | | | | | | | | |
| Total du jour à reporter Frs. | | | 713 - | 713 - | | | | |
| Service 15% | | | | 107 - | | | | |
| Débours Concierge | | | | | | | | |
| Blanchissage | | | | | | | | |
| Taxes d'État | | | | 75 - | | | | |
| Taxes Locales | | | | | | | | |
| Timbres | | | | | | | | |
| TOTAL Frs. | | | | 895 - | | | | |

Les Notes d'Hôtel sont payables le lendemain de la tenue.

.....
Votre clef d'appartement S.V.P.

Fiche de Départ

N° _____

M _____

Appt N° _____

N° 05011

| | | |
|---------------|--|--|
| Note | | |
| Service 15% | | |
| Débours | | |
| Taxes d'État | | |
| Taxes Locales | | |
| Timbres | | |
| TOTAL | | |

MEMORANDUM:

21 Feb 47

TO : Mr. Mangens, Finance Officer
FROM : Capt. Hedrick, Supply Officer

It is requested that I be advanced the sum of 186 dollars in French France for the purpose of purchasing electrical equipment in Strassbourg. This advance will be accounted for by the undersigned.

Harlan E. Hedrick

HARLAN E. HEDRICK
Capt. T.C.,
Supply Officer

*Approved as requested
J. Schultz*

POSTING VOUCHER

DATE: 26 Feb 47

VOUCHER NO. 283

TYPE OF FUNDS: scrip AMOUNT: 147.00 VALUE IN TERMS OF PRINCIPAL CURRENCY: 147.00

REFERENCE: Attached

EXPLANATION: Exchange of Scrip for U. S. Dollars for operational salary given to Mr. Lewis for payment to employees.

| | DR. | CR. | POSTING INITIALS |
|--------------------------------|---------------|---------------------|------------------|
| CASH INVENTORY | | | |
| <u>Scrip</u> | <u>147.00</u> | <u>U. S. 147.00</u> | |
| ADVANCES: _____ (NAME) | | | |
| TRANSFERS: _____ (LOCATION) | | | |
| CONTRIBUTIONS | <u>147.00</u> | <u>147.00</u> | |
| EXCHANGE | | | |
| MISCELLANEOUS RECEIPTS: | | | |
| EXPENSE | | | |
| OTHER ACCOUNTS | | | |
| TOTALS | | | |

DISTRIBUTION OF EXPENSES:

| BRANCH | 01 | 02 | 03 | 04 | 05 | 06 | 08 | 09 |
|--------|----|----|----|----|----|----|----|----|
| | | | | | | | | |

SPECIAL INFORMATION OR INSTRUCTIONS: _____

VOUCHER PREPARED BY: _____ APPROVED BY: _____ AUDITED BY: _____

SECRET

INTERNAL VOUCHER

26 JUL 1947

I CERTIFY that I have received this date from the Finance Officer the following monies for the purpose(s) indicated. I FURTHER CERTIFY that the monies I receive will be used only for the best interests of the Government and not for any personal or individual gain.

ADVANCE TO BE PROPERLY ACCOUNTED FOR IN FULL _____

PURCHASE OF SUPPLIES AND/OR MATERIAL _____

SERVICES _____

PURCHASE OF _____

OFFICIAL ENTERTAINMENT _____

PAYROLL PERIOD _____

SALARY _____

ALLOWANCES _____

TRAVEL REIMBURSEMENT _____

\$ 147.215 AS CONVERSION OF \$ 147 SERIP

TOTAL

147.00

SIGNATURE

Linda J. ...

TITLE & BRANCH

Amazon

VOU. NO. _____

SECRET

POSTING VOUCHER

DATE: 26 Feb 47

VOUCHER NO. 384

TYPE OF FUNDS: _____ AMOUNT: _____ RE: _____ VALUE IN TERMS OF PRINCIPAL CURRENCY _____

REFERENCE: Attached

DESCRIPTION: Exchange of Pounds Sterling for C. Lewis

| | DR. | CR. | POSTING INITIALS |
|-------------------------|-------------------------------|------------------|------------------|
| CASH INVENTORY | <u>Sterling 10 sch (2.02)</u> | <u>200 Scrip</u> | |
| ADVANCES: | _____ (Name) | | |
| TRANSFERS: | _____ (Station) | | |
| | <u>2.02</u> | <u>2.02</u> | |
| EXCHANGE Equalization | | <u>.02</u> | |
| MISCELLANEOUS RECEIPTS: | | | |
| EXPENSE | | | |
| OTHER ACCOUNTS | | | |
| TOTALS | | | |

DISTRIBUTION OF CHECKS:

| BRANCH | C1 | C2 | C3 | C4 | C5 | C6 | C8 | C9 |
|--------|----|----|----|----|----|----|----|----|
| | | | | | | | | |

SPECIAL INFORMATION OR INSTRUCTIONS: _____

VOUCHER PREPARED BY: _____ APPROVED BY: _____ AUDITED BY: _____

SECRET

FEDERAL VOUCHER

26 JUL 1947

I CERTIFY that I have received this date from the Finance Officer the following monies for the purpose(s) indicated. I FURTHER CERTIFY that the monies I receive will be used only for the best interests of the Government and not for any personal or individual gain.

AMOUNT TO BE PROPERLY ACCOUNTED FOR IN FULL

PURCHASE OF SUPPLIES AND/OR MATERIAL

• • SERVICES

PROCESSES OF

OFFICIAL REPRESENTMENT

TRAVEL: PERIOD

• • • • •

ALLOWANCES

TRAVEL REIMBURSEMENT

2.02 *sup* AS CONVERSION OF 10 *billions* *French Francs*

TOTAL

2.02

SIGNATURE

Cornel, Amzon

TITLE & GRADE

Corn, Amzon

VOU. NO. _____

SECRET

POSTING VOUCHER

DATE: 27 Feb 47

VOUCHER NO. 365

TITLE OF FUND: Scrp AMOUNT: 15.40 VALUE IN TERMS OF PRINCIPAL CURRENCY: 15.40

REFERENCE: Attached

DETAILS: Payment of German Instructors salary per previous approval of the Chief of Mission

| | DR. | CR. | POSTING INITIALS |
|-------------------------|-------|-------|------------------|
| CASH INVENTORY | | 15.40 | |
| ADVANCES: | | | |
| <u>(name)</u> | | | |
| TRANSFERS: | | | |
| <u>(station)</u> | | | |
| CONVERSIONS | | | |
| EXCHANGE | | | |
| MISCELLANEOUS RECEIPTS: | | | |
| <u>(description)</u> | | | |
| OTHER RECEIPTS | 15.40 | | |
| <u>(description)</u> | | | |

DISTRIBUTION OF BALANCE:

| BRA | 01 | 02 | 03 | 04 | 05 | 06 | 08 | 09 |
|--------|-------|----|----|----|----|----|----|----|
| C OF M | 15.40 | | | | | | | |

SPECIAL INFORMATION OR INSTRUCTIONS:

PREPARED BY: _____ APPROVED BY: _____ AUDITED BY: _____

DISBURSEMENT AND ACCOUNTING FUNDS

Date: 27 Feb 47 Branch: CHIEF OF MISSION No: _____

To: Special Funds Officer HEIDELBERG

Disbursement of Special Funds in the amount of 15.40 (154 Rms)

To: ELWOOD BACKENSTOSS

For: Payment of Instructors salary.

_____ is hereby authorized.

These funds are required for official business of a confidential nature and are to be charged to CHIEF OF MISSION

APPROVED BY:

By previous approval of C of M _____
(Signature) (Title)

This is to certify that I have received 15.40 (154 Rms)
(Amount and type of funds)
from the Special Funds Officer for the purpose as above authorized.

The disbursement of these funds was made in accordance with above authorization and is evidenced by attached documents.

I will account to the organization for the proper disbursement of these funds and return any unexpended balance by _____
(Date of completion of mission, project, etc.)

Initial applicable paragraph

Signature: Elwood Backenstoss
ELWOOD BACKENSTOSS

Heidelberg, den 25.2.1947

Abrechnung der Sprachkurse für die Woche v.
18. - 22. Februar 1947 - Kapellenweg 2.

| | | | |
|--|--------|-------|---------|
| <u>Herr Buchheim</u> / | 4 Std. | .... | 12.- RM |
| <u>Herr Vogt</u> / | 1 " | ..... | 3. - |
| <u>Herr Aennweg</u> / | 2 " | ..... | 6. - |
| <u>Herr Schubert</u> / | 4 " | ..... | 12. - |
| <u>Herr Trabold</u> / | 4 " | ..... | 12. - |
| <u>Herr Reichensperger</u> / | 4 " | ..... | 12. - |
| <u>Herr Dr. Arens</u> / | 4 " | ..... | 12. - |
| <u>Frl. Gähne</u> / | 4 " | ..... | 12. - |
| <u>Frl. Burkhardt</u> / | 4 " | ..... | 12. - |
| <u>Frl. Sawitzky</u> / | 4 " | ..... | 12. - |
| <u>Frau Sukoffsky</u> / | 4 " | ..... | 12. - |
| <u>Frl. Artger</u> / | 4 " | ..... | 12. - |
| <u>W. Müller-Seidel</u> / | | | 25.- |

1 5 4 . -

Heidelberg, den 25. Februar 1947

Müller-Seidel

154 - RM

vanolken

27-2-47

Mr. Tolde

POSTING VOUCHER

DATE: 27 Feb 47

VOUCHER NO. 376

TYPE OF FUNDS: Scrp AMOUNT: 578.05 VALUE IN TERMS OF PRINCIPAL CURRENCY: 578.05 RATE: par

REFERENCE: Attached

DESCRIPTION: Trip to Belgium for disposal of agent.

Support personnel loan made to Capt. Conain in Belgium.

| | DR. | CR. | POSTING INITIALS |
|---------------------------|----------|--------|------------------|
| CASH INVENTORY | 114.23 ✓ | 463.82 | |
| ADVANCE: <u>Conain</u> | 114.23 ✓ | 114.23 | |
| (name) | | | |
| TRANSFER: <u>Brussels</u> | | 114.23 | |
| (location) | | | |
| CONVERSIONS | | | |
| EXCHANGE | | | |
| MISCELLANEOUS RECEIPTS: | | | |
| TREASURY | 463.82 ✓ | | |
| OTHER ACCOUNTS | | | |
| TOTALS | | | |

DISPOSITION OF PROFITS:

| AMOUNT | C1 | C2 | C3 | C4 | C5 | C6 | C8 | C9 |
|--------|----|--------|----|----|----|----|----|----|
| INTELL | | 463.82 | | | | | | |

SPECIAL INFORMATION OR INSTRUCTIONS:

VOUCHER PREPARED BY: _____ APPROVED BY: _____ AUDITED BY: _____

Contents UNCLASSIFIED
Date 25 April 1977

REQUISITION AND/OR ACCOUNTING FOR FUNDS

Date: 27 Feb 47 Branch: INTELLIGENCE No: _____

To: Special Funds Officer HEIDELBERG
SECTION

Disbursement of Special Funds in the amount of 20,303 Belgium Francs (463.82)

To: Capt. L. E. Conein, Capt, Inf.

For: Expenses incurred on trip to Belgium for disposal of agent

_____ is hereby authorized.

These funds are required for official business of a confidential nature and are to be charged to INTELLIGENCE

AUTHORIZED BY:

ATTACHED
(Signature) (Title)

This is to certify that I have received (463.82) 20303 Belgium Francs
(Amount and type of funds)
from the Special Funds Officer for the purpose as above authorized.

XXXI The disbursement of these funds was made in accordance with above authorization and is evidenced by attached documents.

I will account to the organization for the proper disbursement of these funds and return any unexpended balance by _____
(Date of completion of mission, project, etc.)

Official applicable paragraph

Signature: Lucien E. Conein
LUCIEN E. CONEIN
Capt, Inf.

1 Conein

Contents UNCLASSIFIED
#0978
Date 25 April 1977

25 February 1947

TO : Special Funds Officer

SUBJECT: Reimbursement for Trip to Belgium

1. The following accounting is submitted for expenses incurred on a trip to Belgium for the purpose of survey of furniture, disposal of an agent and procurement of identity papers for Mr. P. I certify that the expenses shown hereon were incurred by me in the accomplishment of the above missions.

19 Feb.

| | | |
|-----------------------|-----|-----|
| Meals (See Voucher 1) | fr. | 436 |
| Tips | | 100 |

20 Feb.

| | |
|-----------------------|---------|
| Meals (See Voucher 2) | 1391 fr |
| Tips | 100 |
| Taxis | 566 |
| Cable to Florence | 500 |

21 Feb.

| | |
|--|------|
| Meals and tips, including entertainment of Commercial Attache to the American Embassy (See Vouchers 3 & 4) | 3379 |
| Taxis and incidentals, visiting American, Italian & Haitian Legations | 740 |

22 Feb.

| | |
|---|------|
| Meals and tips, including entertainment of Secretary to the Embassy and member of Military Attache's office (See Voucher 5) | 3468 |
| Taxis and incidentals | 450 |

23 Feb.

| | |
|-----------------------|------|
| Meals (See Voucher 6) | 1214 |
|-----------------------|------|

24 Feb.

| | |
|----------------------------------|------|
| Meals | 585 |
| Taxis and incidentals | 160 |
| Garage bill (See Vouchers 8 & 9) | 610 |
| Hotel Bill (See Voucher 10) | 6604 |

Contents UNCLASSIFIED
Date 25 April 1977

TOTAL fr. 20303

APPROVED FOR PAYMENT: *Louis E. Kubler*
LOUIS E. KUBLER, Lt. Col., ORD, Executive

Lucien E. Conein
LUCIEN E. CONEIN, Capt., Inf

VOUCHER NO. 1

Alonein

VOUCHER 2

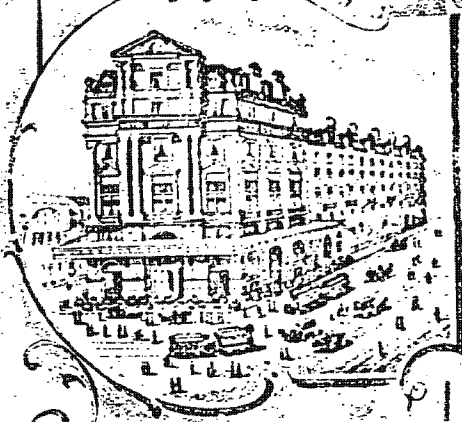
Reine

| | |
|------------------------|------------|
| Restaurant continental | |
| 2 Bisque | 40 |
| 1 chateaux | 300 |
| 2. et | |
| Bienvenue | 18 |
| et x 0 | 15 |
| 4 | 373 |
| TIP | 40 |
| | <u>413</u> |

VOUCHER 3

Blonci

TELEPHONES
17023
170232



HÔTEL

Continental

PLACE DE BROUCHERE
REGISTRE DU COMMERCE BRUXELLES N° 401

BRUXELLES

| | |
|-------------|--------|
| 2 cabriolet | 25. — |
| Homard. | 5.00 — |
| 2 cafés | 15. — |
| <hr/> | |
| | 400 |
| Boisson | 100 |
| <hr/> | |
| | 800 |

| | |
|-------|-----|
| TIP | 100 |
| <hr/> | |
| | 900 |

VOUCHER IV

Griffin

Italia Restaurant

Bruxelles

Del Bona : Propriétaire

| Table 8 | Couverts |
|----------|-------------|
| Cofect | 60 |
| Zupp | 120 |
| Encorget | 350 |
| Lilet | 300 |
| Desert | 200 |
| Bun | 50 |
| Cofe | 50 |
| Servis | <u>4130</u> |
| | 150 |
| | <u>1280</u> |
| Tip | 130 |
| | <u>1410</u> |

VOUCHER IV

Leconin

| | |
|----------|------------|
| total | = 70. |
| 2.400 V | 140. |
| thick | 240. |
| scat | 25. |
| scat | 15. |
| entire | 220. |
| the | 50. |
| 3.400 | 50. |
| 1.500 | 18. |
| 2.400 | 35. |
| 2.400 | 80. |
| edu | 450. |
| price | 1350. |
| amercing | 130. |
| 2.400 | 30. |
| total | 63. |
| edu | 35. |
| <hr/> | |
| total | 1273.00 |
| tax | 230. |
| <hr/> | |
| total | 1503.00 |
| total | 15000,6590 |

VOCHER VI

Bloncin

No 2

546²

TIP 60

606

VOUCHER

VII

L. G. Rowin

Italia Restaurant

Bruxelles

Del Bana : Propriétaire

| Table 7 | Couvert |
|-----------|---------|
| Ruffino | 250 |
| Ravioli | 240 |
| Comelloni | 25 |
| Entréet | 330 |
| Chicani | 90 |
| Buna | 40 |
| loffe | 50 |
| | <hr/> |
| | 995 |
| Bana | 99 |

| | |
|-----|-------|
| | <hr/> |
| | 1094 |
| Tip | <hr/> |
| | 100 |
| | <hr/> |
| | 1194 |

VOUCHER

VIII

R. Glorieux

| | |
|----------------|-------|
| 1/2 Souffle | 50 |
| 1/2 cr. amygd. | 45 |
| Pate-m | 45 |
| filet pull | 200 |
| carabeu/2 | 60 |
| cafis x | 25 |
| | <hr/> |
| | 485 |
| | <hr/> |
| pro | 530 |

VOUCHER II

Blonin

141 183393 - C.C.P. 223919
BUREAU
100 Boulevard Adolphe Max
BRUXELLES

Reçu pour

fournitures

et réparations à la voiture

Plymouth. S. n. 3402

S. A. M.

Règles et papier finis:

m. de papier 360.-

1 Goupille 35.-

huile 1/2 litre 115.-

Garage 100.-

610.-

Bruxelles le 24

27

VOUCHER X

Lucenloni

La Direction a l'honneur d'informer Messieurs les Clients que les chèques ne peuvent être acceptés en paiement de la note d'hôtel.

Guest are respectfully informed that checks will not be accepted in payment of bills.

HOTEL PLAZA

EDUNELLES



Appartement No 212

M. *Morcin Louvain*

M. E. D.

| MOIS d. 2 | 19 | 20 | 21 | 22 | 23 | 24 | 25 |
|------------------------------|-----|------|-----------|-----------|-----------|----------------------|-------------|
| Report | | 720 | 1448 | 2880 | 3390 | 4474 | 5450 |
| Appartement | 720 | 720 | 720 | 720 | 720 | 720 | |
| Arrangement | | | | | | | |
| Domestique | | | | | | | |
| PETIT DÉJEUNER | | | 170 36 | 170 46 | 105 84 | 89 52 | |
| LUNCH | | | | | | | |
| DINER | | | | | | | |
| CARTE | | | | | | | |
| Thé, Café | | | | 54 | 167 | 100 | |
| Vins, Eaux minérales, Bières | | | | 20 | | 27 | |
| BLANCHISSAGE | | | | | | | |
| REPASSAGE | | | | | | | |
| TÉLÉPHONE | | 8 | 4 | | 6 | 8 | |
| VILLE | | | | | | | |
| INTER | | | | | | | |
| Débours, Portier | | | 4 | | | | |
| Transfert | | | | | | | |
| Montant du jour | 720 | 1448 | 2880 | 3390 | 4474 | 5450 | |
| Notes payées | | | | | | | |
| A reporter | | | | | | | |
| | | | | | | Total | 5450 |
| | | | | | | Taxe | 500 |
| | | | | | | Service 12% | 65 |
| | | | | | | TOTAL GÉNÉRAL | 6604 |

Les notes sont payables le lendemain de leur présentation.
S.V.P. N'oubliez pas de rendre votre clé - Please do not forget to leave your key.

Morcin Louvain
24

1947

POSTING VOUCHER

DATE: 27 Feb 47

VOUCHER NO. 387

TYPE OF FUNDS: _____ AMOUNT: _____ RATE: _____ VALUE IN TERMS OF PRINCIPAL CURRENCY _____

REFERENCE: Attached

DESCRIPTION: Operational Whiskey purchased from the Officer's club.

| | DR. | CR. | POSTING INITIALS |
|----------------------------------|--------|--------|------------------|
| CASH INVENTORY | | 147.60 | |
| ADVANCES: _____ (Name) _____ | | | |
| TRANSFERS: _____ (Station) _____ | | | |
| CONVERSIONS | | | |
| EXCHANGE | | | |
| MISCELLANEOUS RECEIPTS: | | | |
| EXPENSE | 147.60 | | |
| OTHER ACCOUNTS | | | |
| TOTALS | | | |

DISTRIBUTION OF EXPENSES:

| | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 |
|---------|----|----|----|----|----|----|----|--------|----|
| INTELL. | | | | | | | | 147.60 | |

SPECIAL INFORMATION OR INSTRUCTIONS: _____

VOUCHER PREPARED BY: _____ APPROVED BY: _____ AUDITED BY: _____

DISBURSEMENT AND/OR ACCOUNTING FORMS

Date: 27 Feb 47 Branch: INTELL No: _____

To: Special Funds Officer HEIDELBERG
STATION

Disbursement of Special Funds in the amount of \$147.60

To: IDELBERG OFFICER'S CLUB

For: OPERATIONAL WHISKEY

_____ is hereby authorized.

These funds are required for official business of a confidential nature and are to be charged to INTELLIGENCE

APPROVED BY:

ATTACHED

(Signature)

(Title)

This is to certify that I have received \$147.60
(Amount and type of funds)
from the Special Funds Officer for the purpose as above authorized.

* XXXX The disbursement of these funds was made in accordance with above authorization and is evidenced by attached documents.

* I will account to the organization for the proper disbursement of these funds and return any unexpended balance by _____
(Date of completion of mission, project, etc.)

* Initial applicable paragraph.

Sign'd:

L. E. KUELER
Lt. Col. Ord

BILLES

TO: MR. LEWIS

CERTIFICATE OF RECEIPT

FROM: IDYLSBERG OFFICERS CLUB

| ARTICLE | UNIT | AMT | PRICE |
|-----------|-------|-------|---------------------|
| Champagne | btls. | 50 | @ \$ 2.10 \$ 105.00 |
| Wine | btls. | 10 | @ \$.90 \$ 9.00 |
| Cognac | btls. | 12 | @ \$ 2.80 \$ 33.60 |
| | | Total | \$ 147.60 |

25/2/47

Approved for reimbursement to Officers Club on advice from Mr. Lewis that the above items were used for operational reasons.

Louis E. Kubler
LOUIS E. KUBLER
Lt. Col., ORD
Executive Officer

certify that I have received the above listed items in good condition."

Signature

Date

I certify that I have received above amount for items indicated."

Signature

Date

Voucher No. _____

_____ Hks

POSTING VOUCHER

DATE: 28 February 1947

VOUCHER NO. 388

TYPE OF FUNDS: _____ AMOUNT: _____ RATE: _____ VALUE IN TERMS OF PRINCIPAL CURRENCY _____

REFERENCE: Attached

CLASSIFICATION: _____

| | DR. | CR. | POSTING INITIALS |
|--|-------|-------|------------------|
| CASH INVENTORY | 18.00 | | |
| ADVANCES: _____ (etc) | | | |
| TRANSFERS: <u>Stockholm</u> (Station) | | 18.00 | |
| CONVERSIONS | | | |
| EXCHANGE | | | |
| MISCELLANEOUS RECEIPTS: | | | |
| EXPENSE | | | |
| CURRENT ACCOUNTS | | | |
| OTHER RECEIPTS | | | |
| DISTRIBUTION OF INTERESTS: | | | |
| | C1 | C2 | C3 |
| | C4 | C5 | C6 |
| | C7 | C8 | C9 |

SPECIAL INFORMATION OR INSTRUCTIONS: _____

VOUCHER PREPARED BY: _____ APPROVED BY: _____ AUDITED BY: _____

SECRET

NOTIFICATION OF TRANSFER OF FUNDS
OR ACCOUNTS

Date 28 February 1947 Number _____

TO : _____
(Designation of Station (Address)
to be charged or credited)

FROM: _____
(Designation of (Address)
initiating station)

Your account has been (~~Charged~~ - Credited) on our books
as follows: ~~(Insert one)~~

Type of Funds _____ Amount \$ 10.00 Rate _____ US Dollar Equivalent 10.00

Identification of individual (If applicable): _____

Joyce Mayclin

If transfer is on account of an advance of funds show date on which advance was originally made: (If the amount transferred represents a balance due, rather than a single advance made on this date, explain under remarks.)

DESCRIPTION: Funds received from Miss Mayclin to be transferred for her credit.

REMARKS: _____

(Signature of Special Funds Officer) P. H. Mogens

Form No. 33-9

Sep 1946

cc: Copenhagen

SECRET

POSTING VOUCHER

DATE: 21 Feb 47

VOUCHER NO. 389

FUNDS: Rms AMOUNT: 1197 RATE: .10 VALUE IN TERMS OF PRINCIPAL CURRENCY 119.70

REFERENCE: Attached

OBJECT ACCOUNT: PURCHASE OF MOTOR POOL EQUIPMENT AND REPAIRS

| | DR. | CR. | POSTING INITIALS |
|-------------------------------|--------|--------|---------------------|
| CASH INVENTORY | | 119.70 | |
| ADVANCES: _____ (name) | | | |
| TRANSFERS: _____ (station) | | | |
| CONTRIBUTIONS | | | |
| EXCHANGE | | | |
| MISCELLANEOUS RECEIPTS: | | | |
| TREASURY | 119.70 | | |
| OTHER ACCOUNTS | | | |
| TOTALS | | | |

DISPOSITION OF FUNDS:

| | 01 | 02 | 03 | 04 | 05 | 06 | 08 | 09 |
|----------|----|----|----|----|----|----|--------|----|
| SERVICES | | | | | | | 119.70 | |

SPECIAL INFORMATION OR INSTRUCTIONS: _____

VOUCHER PREPARED BY: _____ APPROVED BY: _____ AUDITED BY: _____

26

ACCOUNTING FOR FUNDS

Date: 21 Feb 47 Branch: SERVICES No: _____

To: Special Funds Officer HEIDELBERG
STATION

Disbursement of Special Funds in the amount of 119.70 (1197 Rms)

By: Lt. Col. L. E. Kubler

For: MOTOR POOL EQUIPMENT AND REPAIRS

_____ is hereby authorized.

These funds are required for official business of a confidential nature and are to be charged to SERVICES

AUTHORIZED BY:

L. E. Kubler

EXECUTIVE OFFICER

(Title)

L. E. KUBLER
Lt. Col, Ord

This is to certify that I have received \$119.70
(Amount and type of funds)
from the Special Funds Officer for the purpose as above authorized.

XXXX The disbursement of these funds was made in accordance with above authorization and is evidenced by attached documents.

I will account to the organization for the proper disbursement of these funds and return any unexpended balance by _____
(Date of completion of mission, project, etc.)

Signature:

L. E. Kubler

L. E. KUBLER
Lt. Col., Ord.

Initial applicable paragraph

WAR DEPARTMENT DETACHMENT
APO 403

21 February 1947

SUBJECT: Payment on Motor Pool expenses.

TO : Commanding Officer
War Department Detachment
APO 403, US Army
ATTENTION: Finance Officer

1. The following list consists of bills which
are to be paid in German currency to Master Sergeant
Julien E. Gleize:

| | | |
|--------------------|---|--------------------|
| a. Massholder | - | 1012.88 ✓ |
| b. Wagner | - | 6.00 ✓ |
| c. Engelhardt & Co | - | 3.00 ✓ |
| d. Trippmacher | - | 18.00 ✓ |
| e. Tracker | - | 5.00 ✓ |
| f. Bozahn | - | 11.25 ✓ |
| g. Haab | - | 5.32 ✓ |
| h. Nirk | - | 63.60 ✓ |
| | | <hr/> |
| | | 1125.05 |
| i. Mehl | - | 72.00 ✓ |
| | | <hr/> |
| | | 1197.05 - total RM |

R
ARB

Julien E. Gleize
M/Sgt TC
Motor Sergeant

1st Ind

TO: Special Funds Officer
Heidelberg

21 Feb 47

Approved for payment.

1197.05
1137.56

59.59

L. E. Kubler
L. E. KUBLER
Lt. Col, Ord
Exec. Officer

L. & R. MASSHOLDER HEIDELBERG



FAHRZEUGBAU

LASTWAGEN-ANHÄNGER IN JEDER AUSFÜHRUNG FÜR ALLE VERWENDUNGSZWECKE

BANKKONTO: HANDELS- U. GEWERBEBANK HEIDELBERG - POSTSCHECKKONTO: KARLSRUHE 18260 - FERNRUF 3448
RB-Nr. 006847030 - EPPELHEIMER STRASSE 37-39

RECHNUNG für War Department G.A. 43

Heidelberg

Heidelberg, den 20.2.47/En.

| Datum | | | RM | Rpl. |
|----------|---|-----------|--------|--------|
| Febr. 6. | Auf einen Jeep einen angelieferten Aufbau aufgesetzt. | | | |
| | 65,75 Stunden | à RM 2.80 | | 184.10 |
| | 1 Schweißstunde | | | 6.-- |
| | 1 Maschinenstunde | | | 4.-- |
| | 3 m Köder | | -0.60 | 1.80 |
| | 0,5 kg Flacheisen | | -0.30 | -0.15 |
| | 2 kg Blech | | -0.35 | -0.70 |
| | 2 Schließbleche | | -0.15 | -0.30 |
| | 38 Eisengew. Schrauben | | -0.18 | 6.84 |
| | 38 Federringe | | -0.05 | 1.90 |
| | 15 Maschinenschrauben | | -0.20 | 3.-- |
| | 4 Schloßschrauben | | -0.15 | -0.60 |
| | 4 Holzschrauben | | -0.07 | -0.28 |
| | 0,02 cbm Buchenholz | | 145.-- | 2.90 |
| | 0,03 cbm Tannenholz | | 130.-- | 3.90 |
| | Ausführung von Reparaturen und Abgabe von ... | | RM | 216.47 |

Reklamationen innerhalb 8 Tage - Erfüllungsort und Gerichtsstand ist Heidelberg

L. & R. MASSHOLDER HEIDELBERG



FAHRZEUGBAU

LASTWAGEN-ANHÄNGER IN JEDER AUSFÜHRUNG FÜR ALLE VERWENDUNGSZWECKE

BANKKONTO: HANDELS- U. GEWERBEBANK HEIDELBERG - POSTSCHECKKONTO: KARLSRUHE 18260 - FERNRUF 3448
RB-Nr. 006847030 - EPPELHEIMER STRASSE 37-39

RECHNUNG für War Department G.A. 43

Heidelberg

Heidelberg, den 20.2.47/En.

| Datum | | | RM | Rpl. |
|----------|--|-----------|--------|--------|
| Febr. 7. | Auf einen Jeep- einen angelieferten Aufbau aufgesetzt. | | | |
| | 68 Stunden | à RM 2.80 | | 190.40 |
| | 1 Schweißstunde | | | 6.-- |
| | 1 Maschinenstunde | | | 4.-- |
| | 3 m Köder | | -0.60 | 1.80 |
| | 2 Schließbleche | | -0.15 | -0.30 |
| | 15 Maschinenschrauben | | -0.20 | 3.-- |
| | 4 Schloßschrauben | | -0.15 | -0.60 |
| | 38 Eisengew. Schrauben | | -0.18 | 6.84 |
| | 38 Federringe | | -0.05 | 1.90 |
| | 4 Holzschrauben | | -0.07 | -0.28 |
| | 0,02 cbm Buchenholz | | 145.-- | 2.90 |
| | 0,03 cbm Tannenholz | | 130.-- | 3.90 |
| | Ausführung von Reparaturen und Abgabe von ... | | RM | 221.92 |

Reklamationen innerhalb 8 Tage - Erfüllungsort und Gerichtsstand ist Heidelberg

L. & R. MASSHOLDER HEIDELBERG

FAHRZEUGBAU

LASTWAGEN-ANHÄNGER IN JEDER AUSFÜHRUNG FÜR ALLE VERWENDUNGSZWECKE

BANKKONTO: HANDELS- U. GEWERBEBANK HEIDELBERG - POSTSCHECKKONTO: KARLSRUHE 1066 - FERNLUF 948
 RB-Nr. 00669000 - EPPELHEIMER STRASSE 5-9



RECHNUNG für War Department G.A. 43,

Heidelberg

Heidelberg, den 20.2.47/Es.

| Datum | | | RM | Stk. | | |
|----------|---|---|--------|--------|----|--------|
| Febr. 7. | C. & R. Massholder Heidelberg, den 20.2.47 | Einen angelieferten Aufbau auf einen Jeep aufgesetzt. | | | | |
| | | 68 Stunden | 2.80 | 190.40 | | |
| | | 1,5 Schweißstunden | 6.-- | 9.-- | | |
| | | 1 Maschinenstunde | | 4.-- | | |
| | | 3 m Köder | -.60 | 1.80 | | |
| | | 2 Schließbleche | -.15 | -.30 | | |
| | | 15 Maschinenschrauben | -.20 | 3.-- | | |
| | | 4 Schloßschrauben | -.15 | -.60 | | |
| | | 38 Eisengew. Schrauben | -.18 | 6.84 | | |
| | | 33 Federringe | -.05 | 1.90 | | |
| | | 4 Holzschrauben | -.07 | -.28 | | |
| | | 0,02 cbm Buchenholz | 145.-- | 2.90 | | |
| | | 0,03 cbm Farnenholz | 130.-- | 3.90 | | |
| | | Ausführung von Reparaturen und Abgabe von ... nur gegen ... Kasse | | | RM | 224.92 |

Reklamationen innerhalb 8 Tage. Erfüllungsort und Gerichtsstand ist Heidelberg

L. & R. MASSHOLDER HEIDELBERG

FAHRZEUGBAU

LASTWAGEN-ANHÄNGER IN JEDER AUSFÜHRUNG FÜR ALLE VERWENDUNGSZWECKE

BANKKONTO: HANDELS- U. GEWERBEBANK HEIDELBERG - POSTSCHECKKONTO: KARLSRUHE 1020 - FERNLUF 948
 RB-Nr. 00669000 - EPPELHEIMER STRASSE 5-9



RECHNUNG für War Department G.A. 43

Heidelberg

Heidelberg, den 20.2.47/Es.

| Datum | | | RM | Stk. |
|---|---|---|--------|--------|
| Febr. 6. | C. & R. Massholder Heidelberg, den 20.2.47 | 1 angelieferten Aufbau auf einen Jeep aufgesetzt. | | |
| | | 64,75 Stunden | 2.80 | 181.30 |
| | | 0,5 Schweißstunden | 6.-- | 3.-- |
| | | 1 Maschinenstunde | | 4.-- |
| | | 0,5 kg Flachisen | -.30 | -.15 |
| | | 2 kg Blech | -.35 | -.70 |
| | | 2 Schließbleche | -.15 | -.30 |
| | | 3 m Köder | -.60 | 1.80 |
| | | 15 Maschinenschrauben | -.20 | 3.-- |
| | | 4 Schloßschrauben | -.15 | -.60 |
| | | 38 Eisengew. Schrauben | -.18 | 6.84 |
| | | 33 Federringe | -.05 | 1.90 |
| | | 4 Holzschrauben | -.07 | -.28 |
| | | 0,02 cbm Buchenholz | 145.-- | 2.90 |
| | | 0,03 cbm Farnenholz | 130.-- | 3.90 |
| Ausführung von Reparaturen und Abgabe von ... nur gegen ... Kasse | | | RM | 210.67 |

Reklamationen innerhalb 8 Tage. Erfüllungsort und Gerichtsstand ist Heidelberg

L. & R. MASSHOLDER HEIDELBERG

FAHRZEUGBAU

LASTWAGEN-ANHÄNGER IN JEDER AUSFÜHRUNG FÜR ALLE VERWENDUNGSZWECKE

BANKKONTO: HANDELS- U. GEWERBEBANK HEIDELBERG - POSTSPARBUCHKONTO: KARLSRUHE 1260 - FEHNRIEF 348
 IS-Nr. 00944530 - EPPELHEIMER STRASSE 37-39



RECHNUNG Nr. War Department G.A. 43,

Heidelberg.

Heidelberg, den 19.2.47/3a.

| Datum | | | | RM | Spl. |
|-------|-----|---------------------|------------------------------|------|--------|
| Jan. | 20. | 1 Jeep Nr. 20450893 | geputzt und gespritzt | | |
| " | " | 1 " Nr. 20572041 | " " " | | |
| " | " | 1 Lkw " 4681170 | " " " | | |
| " | 23. | 1 Pw " 1834525 | " " " | | |
| Febr. | 3. | 1 " " 1826585 | ausgebessert. | | |
| | | 30,5 Stunden | à RM | 2.20 | 85.40 |
| | | 8,5 Spritzstunden | " " | 3.-- | 25.50 |
| | | | | RM | 110.90 |
| | | | Beleg Bankend erhalten | | |
| | | | Heidelberg, den 19.2.47 | | |
| | | | L. & R. Maßholder | | |
| | | | <i>L. & R. Maßholder</i> | | |

Ausführung von Reparaturen und
 Anlauf von 1... nur
 gegen EC... 1... 1...

Estimationen innerhalb 5 Tage. Erhebungsart und Gerichtsamt in Heidelberg

Quittung

RM *Rechnung*

von *Herrn Schwabbein, Ober*
 für *2 Federbügel* 4 2.47

richtig erhalten zu haben, bescheinigt hiermit.

HEIDELBERG, den *12. 2. 1947*

RM *10.--*
 L. u. R. Maßholder
 Fahrzeugbau
L. & R. Maßholder

1938 & 45. 1000

Quittung

RM

~~Fünfzig Mark~~
von War Department, G. A. 43

für 2 Auspuffröhren Schwere
8.2.42

richtig erhalten zu haben, bescheinigt hiermit.

HEIDELBERG, den 12. 2. 1942

RM

~~15.50~~

L. u. R. Maßholder
Fahrzeugbau

JWK 5 25 302

Quittung

RM

~~Drei 50 Mark~~
von War Department G. A. 43

für 1 Schube ausgefertigt 5.2.42

richtig erhalten zu haben, bescheinigt hiermit.

HEIDELBERG, den 12. 2. 1942

RM

~~2.50~~

L. u. R. Maßholder
Fahrzeugbau

JWK 5 25 302

Walter Wagner
Kraftfahrzeugteile
Mannheim

jetzt: Heidelberg,
Leopoldstraße 19 · Fernruf 2790

Barverkauf Nr. 5596

Fa. *M. S. A. Wass-Departement*
Hbf

Betr.: Ihre Best. vom _____ Nr. _____
Sie empfangen anbei:

| Stück Mtr. | | Stück Mtr. Preis | RM |
|---------------|---------------------------|------------------------|------------|
| 100 | <i>Hohlkisten 4x8 700</i> | 2.- | 2.- |
| 100 | <i>Stuhl 4x10 700</i> | 2.- | 2.- |
| 100 | <i>Stuhl 4x15 700</i> | 2.- | 2.- |
| | | | <u>6.-</u> |

Betrag erhalten:
für Walter Wagner

Kahn

HGD. 7. 45. 63 216. A 50/50 DL

HEIDELBERGER GUMMI-VERWERTUNG

ENGELHARDT & Co.

Tel. 4571 u. 2629 **HEIDELBERG** Bergheimerstr. 49

Postfachkonto Ludwigshafen Nr. 2969

Lieferschein Nr. *Bar* 5524 Den *7. Februar* 19*47*

für *Militär-Regierung Heidelberg*

| Sie empfangen anbei für Ihre Rechnung und Gefahr per Expres-Frachtgut - Post - Boien - Auto - Selbstabholung: | |
|--|-------------------------------|
| <i>3</i> | <i>50er 7.-Konten / a 1.-</i> |
| | <i>Betrag erhalten</i> |
| | <i>f. T. V.</i> |
| | <i>Bäp. u.</i> |

Lieferungsbedingungen: Eigentumsvorbehalt nach § 455 BGB. Alle Sendungen gehen auf Gefahr des Empfängers. Beanstandungen können nur innerhalb 5 Tagen berücksichtigt werden. Erfüllungsort und Gerichtsstand ist Heidelberg.

Auto - Licht - und - Dienst
L. Fath-Trippmacher
Heidelberg

Heidelberg, *12. II. 47*
Alte Bergheimerstr. Nr. 11 Tel.

QUITTUNG 2051 *

Dep. von Delco-Remy
Auto-licht- und dienst
Dep. von
L. Fath-Trippmacher
Alte Bergheimerstr. 11

24

18.7

Für Lohnarbeit
des Anstalt RM 5.—

Erhalten 8.2.47

Hellberg

Tracker

Fol. 4532

Mannheim, den

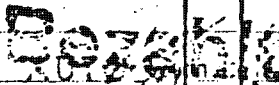
20. IV. 47.

Rechnung

für

von

Zahlbar:

| | | | | |
|--|-----|------------------|----|-------|
| | 1/2 | Büchlein 840 000 | 13 | 8.— |
| | | 1/2 Sonntag | | 2.50 |
| | | | | 14.50 |
|  Mannheim-Neustadt Leisenstraße 11 | | | | |
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Fabrik-Vert. d. Bayerischen Motoren-Werke A.-G., Nürnberg und Eisenach

für Automobile
und Motorräder



Viktoria-Werke A.-G. Nürnberg
und Deutsche FIAT A.-G.
Heilbronn-Berlin

FRIEDR.

H A A B

Bergheimer Straße 111/113 Kraftfahrzeuge Fernsprechanruf 3884

Spezial-Werkstätte — Orig.-Ersatzteillager — Kraftfahrzeug-Zubehör
SFK-Kugellagerstock — Tankstelle — Marken-Öle — Großes Reifenlager

Heidelberg

Bar-Verkauf 09064 * den 14. II 194

für *W. G. K.*

Bankkonto: Handels- u. Gewerbebank Heidelberg / Postscheckkonto: Nr. 23748 Amt Karlsruhe

| | | |
|---------------|-----|-------------|
| 10 Punkte H 6 | -12 | -2 |
| 20 " A 5 | -05 | 1.- |
| 10 Punkte H 6 | -12 | -20 |
| 20 " A 5 | -05 | 1.- |
| | | 3.22 |

Dieser Schein gilt als rechtsgültige Quittung für Bar-Verkäufe
Umtausch verkaufter Ware nur in einwandfreiem, ungebrauchten Zustand innerhalb 3 Tagen möglich
50 Bl. 10. 45 Fabrikdruck Heidelberg

Fabrik-Vert. d. Bayerischen Motoren-Werke A.-G., Nürnberg und Eisenach

für Automobile
und Motorräder



Viktoria-Werke A.-G. Nürnberg
und Deutsche FIAT A.-G.
Heilbronn-Berlin

FRIEDR.

H A A B

Bergheimer Straße 111/113 Kraftfahrzeuge Fernsprechanruf 3884

Spezial-Werkstätte — Orig.-Ersatzteillager — Kraftfahrzeug-Zubehör
SFK-Kugellagerstock — Tankstelle — Marken-Öle — Großes Reifenlager

Heidelberg

Bar-Verkauf 09014 * den 14. II 194

für *W. G. K.*

Bankkonto: Handels- u. Gewerbebank Heidelberg / Postscheckkonto: Nr. 23748 Amt Karlsruhe

| | | |
|----------------------|--|--|
| <i>1000 Pfennige</i> | | |
| | | |
| | | |
| | | |
| | | |
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| | | |

Dieser Schein gilt als rechtsgültige Quittung für Bar-Verkäufe
Umtausch verkaufter Ware nur in einwandfreiem, ungebrauchten Zustand innerhalb 3 Tagen möglich
50 Bl. 10. 45 Fabrikdruck Heidelberg



Den 13. 2. 1947

Karl Nirk, (17a) Heidelberg

Römerstraße 2-10 — Fernruf 4146

| Anzahl | Sie erhalten zufolge Ihrer Bestellung | Betrag |
|--------|---------------------------------------|--------|
| 1 | 21.7 2/6 | 1.20 |
| 1 | 21.7 4/5 | - 25 |
| | + 15% PAZ | 1.55 |
| | | - 10 |
| | | 1.45 |

Dieser Zettel gilt ohne weiteres als Quittung

0220

Quittung
Über Barverkauf Nr. 01995

Nr. P.N. 60
von Herrn Schwabbe wegen Bestellg
für 1 Batterie 1. Volt

Reichsmark
Festsetzung

nichtig erhalten zu haben, bescheinige hiermit
Herrn den 8. 2. 1947

Karl Nirk
Römerstraße 2-10 Heidelberg



Korich

GEORG MEHL

Autokühlerbau · Reparaturen
von sämtlichen Systemen

HEIDELBERG

Schlaunhausstraße

Bankkonto: Handels- u. Gewerbank 753

Heidelberg, den 13. 2. 1947
Telefon 3998

RECHNUNG

für U. G. Arum

1 Trichter rez

Km 72

Reberg
gg

WAR DEPARTMENT DETACHMENT
APO 403

21 February 1947

SUBJECT: Payment on Motor Pool expenses.

TO : Commanding Officer
War Department Detachment
APO 403, US Army
ATTENTION: Finance Officer

1. The following list consists of bills which
are to be paid in German currency to Master Sergeant
Julien E. Gleize:

| | | | |
|--------------------|---|----------------|------------|
| a. Masaholder | - | 1012.33 | |
| b. Wagner | - | 6.00 | |
| c. Engelhardt & Co | - | 3.00 | |
| d. Trippmacher | - | 18.00 | |
| e. Tracker | - | 5.00 | |
| f. Bozanlt | - | 11.25 | |
| g. Haab | - | 5.32 | |
| h. Nirk | - | 63.60 | |
| | | <u>1125.05</u> | |
| i. Mehl | - | 72.00 | |
| | | <u>1197.05</u> | - total RM |

Julien E. Gleize
W/Sgt TC
Motor Sergeant

1st Ind

TO: Special Funds Officer
Heidelberg

21 Feb 47

Approved for payment.

L. E. KUBLER
Lt. Col, Ord
Exec. Officer

POSTING VOUCHER

DATE: 27 Feb 47

VOUCHER NO. 390

TYPE OF FUNDS: scrip ACCOUNT: _____ RATE: _____ VALUE IN TERMS OF PRINCIPAL CURRENCY 13,917.47

REFERENCE: ATTACHED

DESCRIPTION: Payroll and L & Q for period 12 Jan 47 thru 8 Feb 47

| | DR. | CR. | POSTING INITIALS |
|-------------------------|-----|-----------|------------------|
| CASH IN VENTURE | | 13,917.47 | |
| ADVANCES: | | | |
| TRANSFERS: | | | |
| CONTRACTS | | | |
| EXCHANGE | | | |
| MISCELLANEOUS RECEIPTS: | | | |
| EXPENSES | | | |
| OTHER ACCOUNTS | | | |
| | | | |
| TOTALS | | | |

REDISTRIBUTION OF EXPENSES:

| TRA CL | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 |
|--------|-----------|----|----|----|----|----|----|----|----|
| | 13,917.47 | | | | | | | | |

SPECIAL INFORMATION OR INSTRUCTIONS: _____

VOUCHER PREPARED BY: _____ APPROVED BY: _____ AUDITED BY: _____

CONFIDENTIAL

WAR DEPARTMENT DETACHMENT
U.S. FORCES, EUROPEAN THEATER
APO-757

7 March 1947

*Tamm
Payant
Brown*

SUBJECT: Pay vouchers

TO: Mr. E. D. Echols
Chief, Special Funds Division

Inclosed are sub vouchers Nos. 15 and 74 of payroll voucher #390, covering pay period 12 January thru 8 February 1947. This voucher was forwarded to Washington with our February accounts.

F. H. Mangeng
F. H. Mangeng
Special Funds Officer

CONFIDENTIAL

CONFIDENTIAL

WAR DEPARTMENT DETACHMENT
U.S. FORCES, EUROPEAN THEATER
APO-757

7 March 1947

SUBJECT: Pay vouchers

TO: Mr. E. D. Nichols
Chief, Special Funds Division

Inclosed are sub vouchers Nos. 15 and 74 of
payroll voucher #390, covering pay period 12 January
thru 8 February 1947. This voucher was forwarded to
Washington with our February accounts.

F. H. Mangeng
Special Funds Officer

CONFIDENTIAL

RECEIVED
10 25

SECRET No. 1
**VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
 AND/OR QUARTERS AND COST OF LIVING ALLOWANCES**

Period of this Voucher: From 12 Jan 47 to 8 Feb 47

NAME OR NUMBER OF PAYEE: RUTH ABRAMS Position ADMN ASST

| | | | |
|---------------|-------------------|---------------|---------------|
| | Annual Rate | Am. Payable | |
| Pay | \$ <u>3522.60</u> | <u>100.00</u> | |
| in | | | <u>100.00</u> |
| Type Currency | Rate of Exchange | | (Amount) |

(If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).

| | | | |
|--------------------------------|-------------------|--------------|----------------------------|
| | Annual Rate | Am. Payable | |
| Quarters allowance | \$ _____ | \$ _____ | |
| Cost of living allowance | \$ _____ | \$ _____ | |
| Total Foreign Living allowance | \$ <u>1092.70</u> | <u>25.20</u> | |
| in | | | <u>25.20</u> |
| Type Currency | Rate of Exchange | | (Amount) |
| | | | TOTAL <u>125.20</u> |

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "*" statements applicable)

- I am single without dependents in area.
- I am single with dependents in area.
- I am married without dependents in area.
- I am married with dependents in area.
- I was in travel status from _____ to _____ incl.

* I have taken 2 1/2 hours of _____ leave from _____ to _____ during this period.

* Quarters and/or meals were furnished me as follows: _____

_____ 19____ Signature or self-applied No. of Payee

Approved for payment _____ Signature _____ Title _____

I CERTIFY that the above payment has been made to the individual whose number appears above.

 Signature of P.O. making Payment

If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."

Not required if payment is in accordance with Washington authorization.

Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 2
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
 NAME OR NUMBER OF PAYEE: CARMEN G. ADKISSON Position CLERK

| | | |
|---------------|-------------------|---------------------------|
| | Annual Rate | Amt. Payable |
| ..... | \$ <u>2644.80</u> | <u>100.00</u> |
| Type Currency | Rate of Exchange | <u>100.00</u> (Amount) |

(If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).

| | | |
|----------------------------------|-------------------|--------------------------|
| | Annual Rate | Amt. Payable |
| Quarters allowance | \$ _____ | \$ _____ |
| Cost of living allowance | \$ _____ | \$ _____ |
| Special Foreign Living allowance | \$ <u>1365.70</u> | \$ <u>31.50</u> |
| aid in _____ | _____ | <u>31.50</u> (Amount) |
| Type Currency | Rate of Exchange | <u>TOTAL 131.50</u> |

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

() I am single without dependents in area.
 () I am single with dependents in area.
 () I am married without dependents in area.
 (X) I am married with dependents in area (underline)
 () I was in travel status from _____ to _____ incl.

• I have taken 40 hours of annual leave from 2 Jan 47 to 7 Feb 47, during this period.
 • Quarters and/or meals were furnished me as follows: _____

_____ 19____

Signature or self-applied No. of Payee

Approved for payment _____
 Signature Title

CERTIFY that the above payment has been made to the individual whose number appears above.

 Signature of P.O. making Payment

If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."
 Not required if payment is in accordance with Washington authorization.
 Not required if voucher is signed by payee with full pay roll name.

SECRET No. 3
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY BILL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
 OR MEMBER OF PAYEE ROSS E. BACKENSTOSS Position Reports Officer

| | Annual Rate | Am't. Payable |
|---------------|-------------------|--------------------------|
| ----- | \$ <u>4149.60</u> | <u>75.00</u> |
| Type Currency | Rate of Exchange | <u>75.00</u> (Amount) |

(If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).

| | Annual Rate | Am't. Payable |
|--------------------------|--------------------|----------------------------|
| Quarters allowance | \$ _____ | \$ _____ |
| Cost of living allowance | \$ _____ | \$ _____ |
| Foreign Living allowance | \$ <u>1274.70%</u> | \$ <u>29.40</u> |
| Sub in | | <u>29.40</u> (Amount) |
| Type Currency | Rate of Exchange | TOTAL <u>704.40</u> |

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

- I FURTHER CERTIFY that (indicate by "X" statements applicable)
- () I am single without dependents in area.
 - () I am single with dependents in area.
 - () I am married without dependents in area.
 - () I am married with dependents in area.
 - () I was in travel status from _____ to _____ incl.

* I have taken 14 hours of _____ leave from _____ to _____, during this period.

* Quarters and/or meals were furnished me as follows: _____

_____ 19 ____ . _____
 Signature or self-applied No. of Payee

Approved for payment _____
 Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

 Signature of P.O. making Payment

If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."
 Not required if payment is in accordance with Washington authorization.
 Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 4
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47

NAME OR NUMBER OF PAYEE: HERBERT T. BARU Position JR. INTELL OFFICER

| | Annual Rate | Amt. Payable |
|--|------------------|--------------------------|
| \$ <u>3397.20</u> | | <u>55.38</u> |
| Type Currency | Rate of Exchange | <u>55.38</u> (Amount) |
| (If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here). | | |

| | Annual Rate | Amt. Payable |
|----------------------------------|--------------------|---------------------------|
| Quarters allowance | \$ _____ | \$ _____ |
| Cost of living allowance | \$ _____ | \$ _____ |
| Special Foreign Living allowance | \$ <u>1002.70%</u> | \$ <u>25.20</u> |
| Paid in _____ | | <u>25.20</u> (Amount) |
| Type Currency | Rate of Exchange | TOTAL <u>80.58</u> |

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

- I FURTHER CERTIFY that (indicate by "X" statements applicable)
- I am single without dependents in area.
 - I am single with dependents in area.
 - I am married without dependents in area.
 - I am married with dependents in area.
 - I am in travel status from _____ to _____ incl.

- * I have taken 144 hours of _____ leave from _____ to _____, during this period.
- * Quarters and/or meals were furnished me as follows: _____

 Signature or self-applied No. of Payco

Approved for payment _____
 Signature: _____ Title _____

I CERTIFY that the above payment has been made to the individual whose number appears above.

 Signature of P.O. making Payment

If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.
 Not required if payment is in accordance with Washington authorization.
 Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 5
**VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
 AND/OR QUARTERS AND COST OF LIVING ALLOWANCES**

Period of this Voucher: From 12 Jan 47 to 8 Feb 47

NAME OR NUMBER OF PAYEE GEORGE N. BELIC Position _____

| | | | |
|---------------|-------------------|---------------|---------------|
| | Annual Rate | Amt. Payable | |
| ----- | \$ <u>5905.20</u> | <u>396.64</u> | |
| Type Currency | Rate of Exchange | | <u>396.64</u> |
| | | | (Amount) |

(If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).

| | | | |
|----------------------------------|------------------|------------------|---------------------|
| | Annual Rate | Amt. Payable | |
| Quarters allowance | \$ _____ | \$ _____ | |
| Cost of living allowance | \$ _____ | \$ _____ | |
| Special Foreign Living allowance | \$ <u>1820</u> | \$ <u>140.00</u> | |
| Total in | | | <u>140.00</u> |
| Type Currency | Rate of Exchange | | (Amount) |
| | | | TOTAL <u>536.64</u> |

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

() I am single without dependents in area.

() I am single with dependents in area.

() I am married without dependents in area.

() I am married with dependents in area.

() I was in travel status from _____ to _____ incl.

* I have taken 144 hours of _____ leave from _____ to _____ during this period.

* Quarters and/or meals were furnished as follows: _____

_____ 19 ____.

 Signature or self-applied No. of Payee

Approved for payment _____
 Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

 Signature of P.O. making Payment

If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."
 Not required if payment is in accordance with Washington authorization.
 Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 6
**VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
 AND/OR QUARTERS AND COST OF LIVING ALLOWANCES**

Period of this Voucher: From 12 Jan 47 to 8 Feb 47

OR NUMBER OF PAYEE ARAXI BOSTANIAN Position _____

Annual Rate Amt. Payable

\$2895.60 69.23

69.23

Type Currency Rate of Exchange

(Amount)

(If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).

Annual Rate Amt. Payable

Quarters allowance _____
 Cost of living allowance _____
 Total Foreign Living allowance \$1092 - 70% 25.20

25.20

Type Currency Rate of Exchange

(Amount)

TOTAL 94.43

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- I am single without dependents in area.
- I am single with dependents in area.
- I am married without dependents in area.
- I am married with dependents in area.
- I was in travel status from _____ to _____ incl.

* I have taken 44 hours of _____ leave from _____ to _____, during this period.

* Quarters and/or meals were furnished me as follows: _____

19 _____

Signature of self-applied No. of Payee _____

Approved for payment _____
 Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making Payment _____

If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.

Not required if payment is in accordance with Washington authorization.

Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 7
**VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
 AND/OR QUARTERS AND COST OF LIVED ALLOWANCES**

Period of this Voucher: From 12 Jan 47 to 8 Feb 47

OR NUMBER OF PAYEE: HENRY B. BRADFORD Position INTELL OFFICER

| | | |
|--|-------------------|---------------|
| | Annual Rate | Amt. Payable |
| | \$ <u>4149.60</u> | <u>100.00</u> |
| | | <u>100.00</u> |
| Type Currency | Rate of Exchange | (Amount) |
| (If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here). | | |

| | | |
|----------------------------------|--------------------|----------------------------|
| | Annual Rate | Amt. Payable |
| Quarters allowance | \$ _____ | \$ _____ |
| Cost of living allowance | \$ _____ | \$ _____ |
| Special Foreign Living allowance | \$ <u>1274.204</u> | \$ <u>29.40</u> |
| Paid in | | <u>29.40</u> |
| Type Currency | Rate of Exchange | (Amount) |
| | | TOTAL <u>129.40</u> |

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

- I FURTHER CERTIFY that (indicate by "X" statements applicable)
- () I am single without dependents in area.
 - () I am single with dependents in area.
 - () I am married without dependents in area.
 - () I am married with dependents in area
 - () I was in travel status from _____ to _____ incl.

- * I have taken 340 hours of _____ leave from _____ to _____, during this period.
- * Quarters and/or meals were furnished as follows: _____

 Signature or self-applied No. of Payco

Approved for payment _____
 Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

 Signature of P.O. making Payment

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.
- * Not required if payment is in accordance with Washington authorization.
- * Not required if voucher is signed by payco with full pay roll name.

SECRET

SECRET No. 8
**VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
 AND/OR QUARTERS AND COST OF LIVED ALLOWANCES**

Period of this Voucher: From 12 Jan 47 to 8 Feb 47

Name OR NUMBER OF PAYEE EARLE J. CARLETON Position _____

| | | | |
|---------------|------------------|---------------|---------------|
| | Annual Rate | Am't. Payable | |
| ----- | \$ <u>4902</u> | <u>180.00</u> | |
| Type Currency | Rate of Exchange | | <u>180.00</u> |
| | | | (Amount) |

(If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).

| | | | |
|----------------------------------|--------------------|-----------------|----------------------------|
| | Annual Rate | Am't. Payable | |
| Quarters allowance | \$ _____ | \$ _____ | |
| Cost of living allowance | \$ _____ | \$ _____ | |
| Special Foreign Living allowance | \$ <u>1274-70%</u> | \$ <u>29.40</u> | |
| and in | | | <u>29.40</u> |
| Type Currency | Rate of Exchange | | (Amount) |
| | | | TOTAL <u>209.40</u> |

I CERTIFY that I have received the above amount for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- I am single without dependents in area.
- I am single with dependents in area.
- I am married without dependents in area.
- I am married with dependents in area.
- I was in travel status from _____ to _____ incl.

• I have taken 48 hours of sick leave from 25 Jan 47 to 31 Jan 47, during this period.

• Quarters and/or meals were furnished me as follows: _____

_____, 19____ Signature or self-applied No. of Payee

Approved for payment _____ Signature _____ Title _____

I CERTIFY that the above payment has been made to the individual whose number appears above.

 Signature of P.O. making Payment

If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."

Not required if payment is in accordance with Washington authorization.

Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 9
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47

Name or Number of Payee GOULD M. CASSAI Position EDITORIAL ANALYST

| | | |
|----------|-------------------|---------------------------|
| | Annual Rate | Amt. Payable |
| | \$ <u>4149.60</u> | <u>303.24</u> |
| in _____ | Type Currency | Rate of Exchange |
| | | <u>303.24</u> (Amount) |

(If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).

| | | |
|----------------------------------|--------------------|----------------------------|
| | Annual Rate | Amt. Payable |
| Quarters allowance | \$ _____ | \$ _____ |
| Cost of living allowance | \$ _____ | \$ _____ |
| Special Foreign Living allowance | \$ <u>1274.703</u> | \$ <u>29.40</u> |
| aid in _____ | Type Currency | Rate of Exchange |
| | | <u>29.40</u> (Amount) |
| | | TOTAL <u>332.64</u> |

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I further CERTIFY that (indicate by "X" statements applicable)

- I am single without dependents in area.
- I am single with dependents in area.
- I am married without dependents in area.
- I am married with dependents in area.
- I was in travel status from _____ to _____ incl.

* I have taken 440 hours of _____ leave from _____ to _____, during this period.

* Quarters and/or meals were furnished as follows: _____

_____ 19____. _____
 Signature or self-applied No. of Payee

Approved for payment _____
 Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

 Signature of P.O. making Payment

If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."

- * Not required if payment is in accordance with Washington authorization.
- * Not required if voucher is signed by payee with full pay roll name.

SECRET No. 10
**VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
 AND/OR QUARTERS AND COST OF LIVING ALLOWANCES**

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
 NAME OR NUMBER OF PAYEE LAURA B. COAR Position CHEEK STENO

| | | |
|---------------|------------------|--------------------------|
| | Annual Rate | Amt. Payable |
| ----- | * <u>2644.80</u> | <u>60.00</u> |
| Type Currency | Rate of Exchange | <u>60.00</u> (Amount) |

(If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).

| | | |
|----------------------------------|-------------------|---------------------------|
| Quarters allowance | * _____ | \$ _____ |
| Cost of living allowance | * _____ | \$ _____ |
| Special Foreign Living allowance | * <u>1092.70%</u> | <u>25.20</u> |
| Paid in | | <u>25.20</u> (Amount) |
| Type Currency | Rate of Exchange | TOTAL <u>85.20</u> |

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

- I FURTHER CERTIFY that (indicate by "X" statements applicable)
- I am single without dependents in area.
 - I am single with dependents in area.
 - I am married without dependents in area.
 - I am married with dependents in area.
 - I was in travel status from _____ to _____ incl.

* I have taken 16 hours of sick leave from 21/1/47 to 22/1/47, during this period.
 * Quarters and/or meals were furnished me as follows: _____

Signature or self-applied No. of Payee _____

Approved for payment _____
 Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

 Signature of P.O. making Payment

- If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."
- * Not required if payment is in accordance with Washington authorization.
- ** Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 11
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY BILL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 2 Feb 47
 OR NUMBER OF PAYEE ANN B. CROLIUS Position CIFERK

| | Annual Rate | Ant. Payable |
|------------------|--------------------|--------------|
| | \$ <u>26,44.80</u> | <u>60.00</u> |
| Type Currency | | <u>60.00</u> |
| Rate of Exchange | | (Amount) |

(If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).

| | Annual Rate | Ant. Payable |
|----------------------------------|--------------------|---------------------------|
| Quarters allowance | \$ _____ | \$ _____ |
| Cost of living allowance | \$ _____ | \$ _____ |
| Special Foreign Living allowance | \$ <u>1092.70%</u> | \$ <u>25.20</u> |
| Type Currency | | <u>25.20</u> |
| Rate of Exchange | | (Amount) |
| | | TOTAL <u>85.20</u> |

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I further CERTIFY that (indicate by ⁴ statements applicable)

- I am single without dependents in area.
- I am single with dependents in area.
- I am married without dependents in area.
- I am married with dependents in area.
- I was in travel status from _____ to _____ incl.

* I have taken 24 hours of annual leave from 5 Jan 47 to 2 Feb 47, during this period.

* Quarters and/or meals were furnished me as follows: _____

 Signature or self-applied No. of Payee

Approved for payment _____
 Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

 Signature of P.O. making Payment

If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."
 Not required if payment is in accordance with Washington authorization.
 Not required if voucher is signed by payee with full pay roll name.

SECRET No. 12
**VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES**

Period of this Voucher: From 12 Jan 47 to 8 Feb 47

OR NUMBER OF PAYEE HUGH T. CRAWFORD Position SR INTELL OFFICER

| | Annual Rate | Amt. Payable |
|---------------|-------------------|---------------------------|
| | \$ <u>5905.20</u> | <u>200.00</u> |
| Type Currency | Rate of Exchange | <u>200.00</u> (Amount) |

(If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).

| | Annual Rate | Amt. Payable |
|----------------------------------|--------------------|----------------------------|
| Quarters allowance | \$ _____ | _____ |
| Cost of living allowance | \$ _____ | _____ |
| Special Foreign Living allowance | \$ <u>1456.20%</u> | <u>33.60</u> |
| aid in | | <u>33.60</u> (Amount) |
| Type Currency | Rate of Exchange | TOTAL <u>233.60</u> |

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

- I FURTHER CERTIFY that (indicate by "X" statements applicable)
- I am single without dependents in area.
 - I am single with dependents in area.
 - I am married without dependents in area.
 - I am married with dependents in area.
 - I was in travel status from _____ to _____ incl.

* I have taken 44 hours of _____ leave from _____ to _____, during this period.

* Quarters and/or meals were furnished me as follows: _____

Signature or self-applied No. of Payee

Approved for payment _____
Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making Payment

- If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."
- Not required if payment is in accordance with Washington authorization.
- Not required if voucher is signed by payee with full pay roll name.

SECRET No. 13
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
FOR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47

OR NUMBER OF PAYEE VIRGINIA R. CUSHING Position CLERK

| | | | |
|--|------------------|--------------|--------------|
| | Annual Rate | Ant. Payable | |
| ----- | \$ <u>3021</u> | <u>25.00</u> | <u>25.00</u> |
| Type Currency | Rate of Exchange | | (Amount) |
| (If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here). | | | |

| | | | |
|----------------------------------|--------------------|------------------|--|
| Quarters allowance | Annual Rate | Ant. Payable | |
| Cost of living allowance | \$ _____ | \$ _____ | |
| Special Foreign Living allowance | \$ <u>1002-762</u> | \$ <u>25.20</u> | |
| Total in _____ | Type Currency | Rate of Exchange | <u>25.20</u> (Amount) TOTAL 50.20 |

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- I am single without dependents in area.
- I am single with dependents in area.
- I am married without dependents in area.
- I am married with dependents in area.
- I was in travel status from _____ to _____ incl.

* I have taken _____ hours of _____ leave from _____ to _____, during this period.

* Quarters and/or meals were furnished me as follows: _____

 Signature of self-applied No. of Payee

Approved for payment _____
 Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

 Signature of P.O. making payment

If no leave was taken or if quarters and/or meals were not furnished during period, write "none in blanks."

Not required if payment is in accordance with Washington authorization.

Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. _____
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY (I)
ALLOWANCES AND COST OF LIVING ALLOWANCES

Period of this Voucher: From _____ to _____ 14

DATE OF ISSUANCE OF PAY _____ Position _____
 12 Jan 47 8 Feb 47

ELEANOR G. GIBSON Annual Rate Amt. Payable CLERK

.....
 Type Currency Rate of Exchange (Amount)
 (If amount of salary is other than authorized by Foreign Duty Data Sheet or other official document, explain here). 3.74

.....
 Annual Rate Amt. Payable
 Resigned 8 February 1947
 Special Foreign Living Allowance
 and is
 Type Currency Rate of Exchange (Amount)
 1092-70% 25.20 TOTAL

I CERTIFY that I have received the above amounts for the unexpired and expired period and that I have not been nor will I be reimbursed from any other source.
 I further CERTIFY that (indicate by "X" statements applicable)

- () I am single without dependents in area.
- () I am single with dependents in area.
- () I am married without dependents in area.
- () I am married with dependents in area.
- () I was in travel status from _____ to _____ incl.

- I have taken _____ hours of _____ leave from _____ to _____ during this period.
- Quarters and/or meals were furnished me as follows: _____

.....
 Signature or self-applied No. of Payee

Approved for payment _____
 Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making Payment

If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.
 Not required if payment is in accordance with Embassy authorization.
 Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 14-1
**VOUCHER FOR PAYMENT OF INDIVIDUAL LEAVE PAY
 AND/OR QUARTERS AND COST OF LIVING ALLOWANCES**

Period of this Voucher: From _____ to _____

NAME OR NUMBER OF PAYEE ELEANOR GREGG Position CLERK

| | | |
|---------------------|------------------------|-----------------------|
| | Annual Rate | Amt. Payable |
| in _____ | \$ <u>2644.80</u> | <u>91.55</u> |
| Type Currency _____ | Rate of Exchange _____ | (Amount) <u>91.55</u> |

(If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain in here).

Designation effective 8 February 1947. Paid this voucher for accrued Annual Leave - 72 hours.

| | | |
|----------------------------------|------------------------|--------------------|
| Quarters allowance | Annual Rate | Amt. Payable |
| Cost of living allowance | \$ _____ | \$ _____ |
| Special Foreign Living allowance | \$ _____ | \$ _____ |
| Aid in _____ | \$ _____ | \$ _____ |
| Type Currency _____ | Rate of Exchange _____ | (Amount) _____ |
| | | TOTAL _____ |

I CERTIFY that I have received the above amounts for the purpose and used as stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

() I am single without dependents in area.
 () I am single with dependents in area.
 () I am married without dependents in area.
 () I am married with dependents in area
 () I was in travel status from _____ to _____ incl.

* I have taken _____ hours of _____ leave from _____ to _____, during this period.
 * Quarters and/or meals were furnished as follows: _____

_____, 19____
 Signature or self-applied No. of Payee _____

Approved for payment _____
 Signature _____ Title _____

I CERTIFY that the above payment has been made to the individual whose number appears above.

 Signature of P.O. making Payment

If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.
 * Not required if payment is in accordance with Washington authorization.
 ** Not required if voucher is signed by payee with full pay roll name.

SECRET No. 15
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY BILL
AND/OR QUARTERS AND COST OF LIVED ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
NAME OR NUMBER OF PAYEE GERARD J. HAHN Position JR INTELL OFFICER

| Annual Rate | Ant. Payable |
|--|------------------|
| \$ <u>3397.20</u> | <u>50.00</u> |
| Type Currency | Rate of Exchange |
| | (Amount) |
| (If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here). | |

| Annual Rate | Ant. Payable |
|----------------------------------|------------------|
| Quarters allowance | |
| Cost of living allowance | |
| Cost of Foreign Living allowance | <u>1092.20</u> |
| Cost in | <u>25.20</u> |
| Type Currency | Rate of Exchange |
| | (Amount) |
| TOTAL <u>75.20</u> | |

I CERTIFY that I have received the above amount for the purpose and period stated and that I have not been nor will I be reimbursed from any other source. I further CERTIFY that (indicate by "X" statements applicable)

- () I am single without dependents in area.
- () I am single with dependents in area.
- () I am married without dependents in area.
- () I am married with dependents in area.
- () I was in travel status from _____ to _____ incl.

* I have taken hours of _____ leave from _____ to _____ during this period.
* Quarters and/or meals were furnished me as follows: _____

_____, 19____
Signature or self-applied No. of Payee

Approved for payment _____
Signature
I certify that the above reimbursement has been made on behalf of the payee and that the name is typed above and must have been forwarded along with original of this voucher and that the signed original of this voucher is being forwarded to Washington for attachment as soon as practicable.

I CERTIFY that the above payment has been made in accordance with the number appears above.

Signature of P.O. making Payment

If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.
Not required if payment is in accordance with Washington authorization.
Not required if voucher is signed by payee with full pay roll name.

SECRET No. 16
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
 Name of Member of Payroll: ROBERT A. HARRISON Position CLERK TYPIST

| | | | |
|--|-------------------|------------------|---------------|
| | Annual Rate | Amt. Payable | |
| Salary | \$ <u>2644.80</u> | <u>176.24</u> | |
| Pay in | | | <u>176.24</u> |
| | Type Currency | Rate of Exchange | (Amount) |
| (If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here). | | | |

| | | | |
|----------------------------------|--------------------|------------------|----------------------------|
| | Annual Rate | Amt. Payable | |
| Quarters allowance | \$ _____ | \$ _____ | |
| Cost of living allowance | \$ _____ | \$ _____ | |
| Special Foreign Living allowance | \$ <u>1092-70%</u> | \$ <u>25.20</u> | |
| Pay in | | | <u>25.20</u> |
| | Type Currency | Rate of Exchange | (Amount) |
| | | | TOTAL <u>201.44</u> |

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.
 I FURTHER CERTIFY that (indicate by "X" statements applicable)
 I am single without dependents in area.
 I am single with dependents in area.
 I am married without dependents in area.
 I am married with dependents in area
 I was in travel status from _____ to _____ incl.
 * I have taken no hours of _____ leave from _____ to _____, during this period.
 * Quarters and/or meals were furnished me as follows: _____

_____, 19_____
 Signature or self-applied No. of Payee
 Approved for payment _____
 Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

 Signature of F.O. making Payment

If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.
 Not required if payment is in accordance with Washington authorization.
 Not required if voucher is signed by payee with full pay roll name.

SECRET No. 17
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY BILL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47

OR MEMBER OF PARTY BEVERLY E. HAYES Position CLERK STENO

Annual Rate \$ 3021 Amt. Payable none
 Type Currency none Rate of Exchange none (Amount)
 (If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).

TDY Berne, to be paid by Berne Office

| | | |
|----------------------------------|--------------------|-------------------|
| Quarters allowance | Annual Rate | Amt. Payable |
| Cost of living allowance | \$ _____ | \$ _____ |
| Special Foreign Living allowance | \$ <u>1092-70%</u> | <u>none</u> |
| and in | | <u>none</u> |
| Type Currency | Rate of Exchange | (Amount) |
| | | TOTAL <u>none</u> |

I CERTIFY that I have received the above amount for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- I am single without dependents in area.
- I am single with dependents in area.
- I am married without dependents in area.
- I am married with dependents in area.
- I was in travel status from _____ to _____ incl.

* I have taken _____ hours of _____ leave from _____ to _____, during this period.

* Quarters and/or meals were furnished me as follows: _____

_____ 19 ____

Signature or self-applied No. of Payee

Approved for payment: _____
 Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making Payment

If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.
 Not required if payment is in accordance with Washington authorization.
 Not required if voucher is signed by payee with full pay roll name.

SECRET No. 18
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47

CR NUMBER OF PAYEE HENRY E. HECKSHER Position SR INMILL OFFICER

Annual Rate Amt. Payable
\$ 4902 none
 Type Currency Rate of Exchange (Amount)
none
 (If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).

| | | | |
|----------------------------------|--------------------|--------------|--------------------|
| Quarters allowance | Annual Rate | Amt. Payable | |
| Cost of living allowance | \$ | \$ | |
| Special Foreign Living allowance | \$ <u>1274-753</u> | <u>29.40</u> | |
| and in | | | <u>29.40</u> |
| Type Currency | Rate of Exchange | | (Amount) |
| | | | TOTAL 29.40 |

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- I am single without dependents in area.
- I am single with dependents in area.
- I am married without dependents in area.
- I am married with dependents in area.
- I was in travel status from _____ to _____ incl.

- I have taken 110 hours of _____ leave from _____ to _____, during this period.
- Quarters and/or meals were furnished me as follows: _____

 Signature or self-applied No. of Payee

Approved for payment _____
 Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

 Signature of P.O. making Payment

If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."
 Not required if payment is in accordance with Washington authorization.
 Not required if voucher is signed by payee with full pay roll name.

SECRET - No. 10

VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47

NAME OR NUMBER OF P.Y.C. BLAHOSEV HOUBY Position _____

Annual Rate Amt. Payable

\$ 4651.20 ~~NUMBER~~ 100.00

Type Currency Rate of Exchange 100.00
(Amount)
(If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).

Annual Rate Amt. Payable

| | | |
|----------------------------------|-------------------|----------------------------|
| Quarters allowance | \$ _____ | \$ _____ |
| Cost of living allowance | \$ _____ | \$ _____ |
| Special Foreign Living allowance | \$ <u>1274.70</u> | \$ <u>11.55</u> |
| and in | | <u>11.55</u> |
| Type Currency | Rate of Exchange | (Amount) |
| | | TOTAL <u>111.55</u> |

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- I am single without dependents in area.
- I am single with dependents in area.
- I am married without dependents in area.
- I am married with dependents in area.
- I was in travel status from 14 Jan 47 to 30 Jan 47 incl.

- I have taken 110 hours of _____ leave from _____ to _____, during this period.
- Quarters and/or meals were furnished me as follows: _____

_____, 19____
Signature or self-applied No. of Payee

Approved for payment _____
Signature Title

CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making payment

If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.
Not required if payment is in accordance with Washington authorization.
Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No.
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47

NAME OR NUMBER OF PAYEE BOLESLAV A. HOEISEMAN Position SR IN BILL OFFICER

Annual Rate Amt. Payable

Salary ----- \$ 4900 ----- 358.20
Type Currency Rate of Exchange (Amount)

REMARKS: (If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).

Annual Rate Amt. Payable

Quarters allowance \$ ----- \$ -----
Cost of living allowance \$ ----- \$ -----
Special Foreign Living allowance \$ 1274.70% \$ 29.40
Paid in Type Currency Rate of Exchange (Amount)
TOTAL 387.60

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.
I FURTHER CERTIFY that (indicate by "X" statements applicable)
 I am single without dependents in area.
 I am single with dependents in area.
 I am married without dependents in area.
 I am married with dependents in area
 I was in travel status from _____ to _____ incl.
* I have taken 400 hours of _____ leave from _____ to _____ during this period.
* Quarters and/or meals were furnished me as follows: _____

Date 19 Signature or self-applied No. of Payee _____

Approved for payment Signature _____ Title _____

I CERTIFY that the above payment has been made to the individual whose number appears above.
Signature of P.O. making Payment _____

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."
- ** Not required if payment is in accordance with Washington authorization.
- *** Not required if voucher is signed by payee with full pay roll name.

SECRET No. 21
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
 NAME OR NUMBER OF PAYEE PETER HEIMANN Position INTELL OFFICER

| | Annual Rate | Amt. Payable | |
|---------|---------------|------------------|----------|
| Salary | \$ 4902 | 165.00 | 165.00 |
| Paid in | | | (Amount) |
| | Type Currency | Rate of Exchange | |

REMARKS: (If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).

| | Annual Rate | Amt. Payable | |
|----------------------------------|---------------|------------------|--------------|
| Quarters allowance | | | |
| Cost of living allowance | | | |
| Special Foreign Living allowance | \$ 1592-708 | 35.74 | 36.74 |
| Paid in | | | (Amount) |
| | Type Currency | Rate of Exchange | TOTAL 201.74 |

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- I am single without dependents in area.
- I am single with dependents in area.
- I am married without dependents in area.
- I am married with dependents in area.
- I was in travel status from _____ to _____ incl.

* I have taken 30 hours of Annual leave from 12 Jan 47 to 8 Feb 47, during this period.

* Quarters and/or meals were furnished me as follows: _____

Date 19 _____ Signature or self-applied No. of Payco _____

Approved for payment _____ Signature _____ Title _____

I CERTIFY that the above payment has been made to the individual whose name appears above.

Signature of P.O. making payment _____

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.
- ** Not required if payment is in accordance with Washington authorization.
- *** Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 22
**VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
 AND/OR QUARTERS AND COST OF LIVING ALLOWANCES**

Period of this Voucher: From 12 Jan 47 to 8 Feb 47

NAME OR NUMBER OF PAYEE LUCILLE C. HENKE Position ADMIN ASST

| | | | |
|---------------|----------------|------------------|---------------|
| | Annual Rate | Amt. Payable | |
| Salary ----- | \$ <u>3648</u> | <u>101.69</u> | |
| Paid in _____ | | | <u>101.69</u> |
| | Type Currency | Rate of Exchange | (Amount) |

GRANTS: (If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).

| | | | |
|----------------------------------|--------------------|------------------|----------------------------|
| | Annual Rate | Amt. Payable | |
| Quarters allowance | \$ _____ | \$ _____ | |
| Cost of living allowance | \$ _____ | \$ _____ | |
| Special Foreign Living allowance | \$ <u>1092.70%</u> | \$ <u>25.20</u> | |
| Paid in _____ | | | <u>25.20</u> |
| | Type Currency | Rate of Exchange | (Amount) |
| | | | TOTAL <u>126.89</u> |

I CERTIFY that I have received the above amount for the purpose and used stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- I am single without dependents in area.
- I am single with dependents in area.
- I am married without dependents in area.
- I am married with dependents in area.
- I was in travel status from _____ to _____ incl.

- * I have taken ALL hours of _____ leave from _____ to _____, during this period.
- * Quarters and/or meals were furnished me as follows: _____

Date 19 _____ Signature or self-applied No. of Payee _____

Approved for payment _____ Signature _____ Title _____

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making payment

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."
- * Not required if payment is in accordance with Washington authorization.
- ** Not required if voucher is signed by payee with full pay roll name.

SECRET No. _____
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES 23

Period of this Voucher: From _____ to _____
 NAME OR NUMBER OF PAYEE 12 Jan 47 Position 8 Feb 47
DONALD G. HUEFNER DESK HEAD

| | | |
|--|---------------------------------|--------------|
| | Annual Rate | Amt. Payable |
| Salary | | |
| aid in _____ | | |
| Type Currency | Rate of Exchange <u>4149.60</u> | <u>50.00</u> |
| (Amount) <u>50.00</u> (If amount of salary is other than as authorized by Foreign Duty Station Sheet or other official document, explain here). | | |

| | | |
|----------------------------------|----------------------------------|--------------|
| | Annual Rate | Amt. Payable |
| Quarters allowance | | |
| Cost of living allowance | | |
| Special Foreign Living allowance | | |
| aid in _____ | | |
| Type Currency | Rate of Exchange <u>1274-70%</u> | <u>29.40</u> |
| (Amount) <u>29.40</u> | | |

I CERTIFY that I have received the above amounts for the purpose and used as stated and that I have not been nor will I be reimbursed from any other source. 79.40
 I FURTHER CERTIFY that (indicate by "*" statements applicable)

- () I am single without dependents in area.
- () I am single with dependents in area.
- () I am married without dependents in area.
- () I am married with dependents in area.
- () I was in travel status from _____ to _____ incl.

* I have taken 0 hours of _____ leave from _____ to _____, during this period.
 * Quarters and/or meals were furnished me as follows: _____

Date 19 _____ Signature or self-applied No. of Payee _____

Approved for payment _____ Signature _____ Title _____

I CERTIFY that the above payment has been made to the individual whose name appears above.

 Signature of P.C. making Payment

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."
- ** Not required if payment is in accordance with Washington authorization.
- *** Not required if voucher is signed by payee with full pay roll name.

SECRET No. 24
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
 NAME OR NUMBER OF PAYEE MARY E. HUTCHISON Position ADMN ASST

| | | |
|--|-------------------|--------------|
| | Annual Rate | Amt. Payable |
| Pay <u>none</u> | <u>\$ 3397.20</u> | <u>none</u> |
| is in <u>none</u> | | <u>none</u> |
| Type Currency | Rate of Exchange | (Amount) |
| * (If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here). | | |

| | | |
|----------------------------------|------------------|--------------|
| | Annual Rate | Amt. Payable |
| Quarters allowance | <u>\$</u> | <u>\$</u> |
| Cost of living allowance | <u>\$</u> | <u>\$</u> |
| Special Foreign Living allowance | <u>1092-70%</u> | <u>25.20</u> |
| Paid in <u>25.20</u> | | <u>25.20</u> |
| Type Currency | Rate of Exchange | (Amount) |
| TOTAL <u>25.20</u> | | |

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.
 I FURTHER CERTIFY that (indicate by "X" statements applicable)
 I am single without dependents in area.
 I am single with dependents in area.
 I am married without dependents in area.
 I am married with dependents in area
 I was in travel status from _____ to _____ incl.
 * I have taken no hours of _____ leave from _____ to _____, during this period.
 * Quarters and/or meals were furnished me as follows: _____

Date 10 _____
 Signature or self-applied No. of Payee _____
 Approved for payment _____
 Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.
 Signature of P.O. making Payment _____

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."
- ** Not required if payment is in accordance with Washington authorization.
- *** Not required if voucher is signed by payee with full pay roll name.

SECRET No. 25
**VOUCHER FOR PAYMENT OF INDIVIDUAL PAY RATE
 AND/OR QUARTERS AND COST OF LIVING ALLOWANCES**

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
 NAME OR NUMBER OF PAYEE CYNTHIA J. JENSEL Position INTELL ANALYST

Annual Rate Amt. Payable
 Salary \$ 3397.20 210.34
 Paid in 210.34
 Type Currency Rate of Exchange (Amount)
 (If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).

Annual Rate Amt. Payable
 Quarters allowance \$ \$
 Cost of living allowance \$ \$
 Special Foreign Living allowance \$ 1092-70% 25.20
 Paid in 25.20
 Type Currency Rate of Exchange (Amount)
TOTAL 235.44

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I further CERTIFY that (indicate by "x" statements applicable)

- I am single without dependents in area.
- I am single with dependents in area.
- I am married without dependents in area.
- I am married with dependents in area.
- I was in travel status from _____ to _____ incl.

- * I have taken _____ hours of _____ leave from _____ to _____, during this period.
- * Quarters and/or meals were furnished me as follows: _____

Date 19 _____ Signature or self-applied No. of Payee _____

Approved for payment _____ Signature _____ Title _____

I further CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making payment

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."
- ** Not required if payment is in accordance with Washington authorization.
- *** Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 26
**VOUCHER FOR PAYMENT OF INDIVIDUAL PAY RATE
 AND/OR ALLOWANCES AND COST OF LIVING ALLOWANCES**

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
 NAME OR NUMBER OF PAYEE: WALTER JESSEL Position: REPORTS OFFICER

| | Annual Rate | Amt. Payable |
|---------------|------------------|--------------|
| Salary ----- | \$ 4902 | 100.00 |
| Paid in _____ | | 100.00 |
| Type Currency | Rate of Exchange | (Amount) |

(NOTE) (If amount of salary is other than as authorized by Foreign Duty D. Sheet or other official document, explain here).

| | Annual Rate | Amt. Payable |
|----------------------------------|--------------------|---------------------|
| Quarters allowance | \$ _____ | \$ _____ |
| Cost of living allowance | \$ _____ | \$ _____ |
| Special Foreign Living allowance | \$ <u>1274.70%</u> | \$ <u>29.40</u> |
| Paid in _____ | | 29.40 |
| Type Currency | Rate of Exchange | (Amount) |
| | | TOTAL 129.40 |

I CERTIFY that I have received the above amounts for the purpose and used stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

() I am single without dependents in area.
 () I am single with dependents in area.
 () I am married without dependents in area.
 () I am married with dependents in area
 () I was in travel status from _____ to _____ incl.

* I have taken 16 hours of annual leave from 12 Jan 47 to 8 Feb 47, during this period.
 * Quarters and/or meals were furnished me as follows: _____

Date 19 _____

Signature or self-applied No. of Payee _____

* Approved for payment _____

Signature _____ Title _____

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making Payment _____

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.
- ** Not required if payment is in accordance with Washington authorization.
- *** Not required if voucher is signed by payee with full pay roll name.

SECRET No. 27
**VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
 AND/OR QUARTERS AND COST OF LIVING ALLOWANCES**

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
 NAME OR NUMBER OF PAYEE SIDNEY H. LEWINGTON Position CHIEF, OPERATIONS

Annual Rate Amt. Payable
77 ----- \$ 7102.20 100.00
 Paid in _____ 100.00
 Type Currency Rate of Exchange (Amount)
 REMARKS: (If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).

Wife paid on this roll L&Q prorated

| | | |
|----------------------------------|---------------------|----------------------------|
| Quarters allowance | Annual Rate | Amt. Payable |
| Cost of living allowance | _____ | _____ |
| Special Foreign Living allowance | \$ <u>18.20-70%</u> | <u>21.00</u> |
| Paid in _____ | | <u>21.00</u> |
| Type Currency | Rate of Exchange | (Amount) |
| | | TOTAL <u>121.00</u> |

I CERTIFY that I have received the above amounts for the purpose and used stated and that I have not been nor will I be reimbursed from any other source.
 I FURTHER CERTIFY that (indicate by "X" statements applicable)
 I am single without dependents in area.
 I am single with dependents in area.
 I am married without dependents in area.
 I am married with dependents in area
 I was in travel status from _____ to _____ incl.
 * I have taken 16 hours of sick leave from 6 Feb 47 to 8 Feb 47, during this period.
 * Quarters and/or meals were furnished me as follows: _____
 Date _____ 19__

Signature or self-applied No. of Payee _____
 Approved for payment _____
 Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.
 Signature of P.O. making payment _____

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.
- ** Not required if payment is in accordance with Washington authorization.
- *** Not required if voucher is signed by payee with full pay roll name.

SECRET No. 28
**VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
 AND/OR QUARTERS AND COST OF LIVING ALLOWANCES**

Period of this Voucher: From 12 Jan 47 to 8 Feb 47

NAME OR NUMBER OF J.Y.E. WILMA T. LEMINGTON Position ADMIN ASST

Annual Rate Amt. Payable
 Salary ----- \$ 3397.20 50.00
 Paid in ----- 50.00
 Type Currency Rate of Exchange (Amount)

REMARKS: (If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).

L & Q prorated. Refer voucher 27 this roll

| | Annual Rate | Amt. Payable | |
|----------------------------------|------------------|--------------|---------------------------|
| Quarters allowance | ----- | ----- | |
| Cost of living allowance | ----- | ----- | |
| Special Foreign Living allowance | <u>1820.704</u> | <u>21.00</u> | |
| Paid in | | | <u>21.00</u> |
| Type Currency | Rate of Exchange | | (Amount) |
| | | | TOTAL <u>71.00</u> |

I CERTIFY that I have received the above amounts for the purpose and used stated and that I have not been nor will I be reimbursed from any other source.

- I FURTHER CERTIFY that (indicate by "X" statements applicable)
- () I am single without dependents in area.
 - () I am single with dependents in area.
 - () I am married without dependents in area.
 - () I am married with dependents in area.
 - () I was in travel status from _____ to _____ incl.
- * I have taken 16 hours of annual leave from 21 Jan 47 to 21 Jan - 17 Jan, during this period.
- * Quarters and/or meals were furnished me as follows: _____

Date 19 _____ Signature or self-applied No. of Payee _____

Approved for payment _____ Signature _____ Title _____

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making Payment _____

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.
- ** Not required if payment is in accordance with Washington authorization.
- *** Not required if voucher is signed by payee with full pay roll name.

*mons, & quarters
provided via Maxmann
11/2/47*

SECRET No. 29
**VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES**

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
NAME OR NUMBER OF PAYEE MAX IIPPMANN Position _____

Annual Rate Amt. Payable
Salary _____ \$ 328.74 per 28 da 328.74
aid in _____ 328.74
Type Currency _____ Rate of Exchange _____ (Amount)
NOTE: (If amount of salary is other than as authorized by Foreign Duty Pay Sheet or other official document, explain here).

Quarters allowance _____ Annual Rate Amt. Payable _____
Cost of living allowance _____
Special Foreign Living allowance _____ none _____ none
aid in _____ none
Type Currency _____ Rate of Exchange _____ (Amount)
TOTAL 328.74

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

- I further certify that (indicate by "X" statements applicable)
- I am single without dependents in area.
 - I am single with dependents in area.
 - I am married without dependents in area.
 - I am married with dependents in area.
 - I am in travel status from _____ to _____ incl.

- * I have taken 110 hours of _____ leave from _____ to _____, during this period.
- * Quarters and/or meals were furnished me as follows: _____

Date _____ 19 ____
Signature or self-assigned No. of Payee _____

Approved for payment _____
Signature _____ Title _____

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.C. making Payment _____

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.
- ** Not required if payment is in accordance with Washington authorization.
- *** Not required if voucher is signed by payee with full pay roll name.

SECRET No. _____
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS JANUARY OF LIVING ALLOWANCE 8 Feb 47

Period of this Voucher: From WILLIAM B. LUM to CLERK
NAME OR NUMBER OF PAYEE _____ Position _____

193.26
Type Currency _____ Rate of Exchange _____ (Amount)

(If amount of salary is other than as authorized by Foreign Duty Station or other official document, explain here).

| | Annual Rate | Am. Payable | |
|----------------------------------|------------------|--------------|---------------|
| Quarters allowance | <u>1092-70%</u> | <u>25.20</u> | |
| Cost of living allowance | | | <u>25.20</u> |
| Special Foreign Living allowance | | | |
| Paid in | | | <u>218.46</u> |
| Type Currency | Rate of Exchange | | (Amount) |
| | | | TOTAL |

I CERTIFY that I have received the above amount for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- () I am single without dependents in area.
- () I am single with dependents in area.
- () I am married without dependents in area.
- () I am married with dependents in area.
- () I was in travel status from _____ to _____ inc.

- * I have taken 445 hours of _____ leave from _____ to _____, during this period.
- * Quarters and/or meals were furnished me as follows: _____

Date _____ 19 ____ Signature or self-applied No. of Payee _____

Approved for payment _____ Signature _____ Title _____

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.C. making Payment _____

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.
- ** Not required if payment is in accordance with Washington authorization.
- *** Not required if voucher is signed by payee with full pay roll name.

SECRET No. 31
**VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
 AND/OR QUARTERS AND COST OF LIVING ALLOWANCES**

Period of this Voucher From 12 Jan 47 to 8 Feb 47

NAME OR NUMBER OF PAYEE DOROTHEA M. MARTINEAU Position CLERK STENO

Annual Rate Amt. Payable
3021 50.00
 paid in 50.00
 Type Currency Rate of Exchange (Amount)
 (If amount of salary is other than as authorized by Foreign Duty Rate Sheet or other official document, explain here).

Annual Rate Amt. Payable
 Quarters allowance _____
 Cost of living allowance _____
 Special Foreign Living allowance 1092-70% 25.20
 paid in _____ 25.20
 Type Currency Rate of Exchange (Amount)
TOTAL 75.20

I CERTIFY that I have received the above amount for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)
 I am single without dependents in area.
 I am single with dependents in area.
 I am married without dependents in area.
 I am married with dependents in area
 I was in travel status from _____ to _____ incl.

* I have taken 8 hours of sick leave from 17 Jan 47 to 19 Jan 47, during this period.
 * Quarters and/or meals were furnished as follows: _____

to _____ 19 ____
 Signature or self-applied No. of Payee

Approved for payment _____
 Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making Payment

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.
- ** Not required if payment is in accordance with Washington authorization.
- *** Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 32
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVED ALLOWANCES

Period of this Voucher From 12 Jan 47 to 8 Feb 47

NAME OR NUMBER OF PAYEE CLARK M. MCENTREY Position OPR OFFICER

| | | | |
|---------------|-------------------|--------------|--------------|
| | Annual Rate | Ant. Payable | |
| Pay | \$ <u>4149.60</u> | <u>70.00</u> | |
| Paid in | | | <u>70.00</u> |
| Type Currency | Rate of Exchange | | (Amount) |

(If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).

Arrived Heidelberg 27 Jan 47

| | | | |
|----------------------------------|--------------------|-----------------|--------------------|
| | Annual Rate | Ant. Payable | |
| Quarters allowance | \$ _____ | \$ _____ | |
| Cost of living allowance | \$ _____ | \$ _____ | |
| Special Foreign Living allowance | \$ <u>1274.906</u> | \$ <u>13.65</u> | |
| Paid in | | | <u>13.65</u> |
| Type Currency | Rate of Exchange | | (Amount) |
| | | | TOTAL 83.65 |

I CERTIFY that I have received the above amount for the purpose and used stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- I am single without dependents in area.
- I am single with dependents in area.
- I am married without dependents in area.
- I am married with dependents in area.
- I was in travel status from _____ to _____ incl.

* I have taken 444 hours of _____ leave from _____ to _____ during this period.

* Quarters and/or meals were furnished me as follows: _____

Date 19 _____

Signature or self-applied No. of Payee

Approved for payment _____
 Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making Payment

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.
- ** Not required if payment is in accordance with Washington authorization.
- *** Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. _____
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES 33

Period of this Voucher: From _____ to _____

NAME OR NUMBER OF DATE: 12 Jan 47 Position: 8 Feb 47

NICHOLAS James PLATO PLATO Amt. Payable

Salary: _____
 paid in _____
 Type Currency Rate of Exchange (Amount)
 (If amount of salary is other than \$ authorized by Foreign Duty Data Sheet or other official document, explain here). none none

| | Annual Rate | Amt. Payable |
|----------------------------------|------------------|--------------------|
| Quarters allowance | _____ | _____ |
| Cost of living allowance | _____ | _____ |
| Special Foreign Living allowance | _____ | _____ |
| paid in _____ | _____ | _____ |
| Type Currency | Rate of Exchange | (Amount) |
| | <u>1092-70%</u> | <u>25.20</u> |
| | | <u>TOTAL 25.20</u> |

I CERTIFY that I have received the above amount for the purpose and used as stated and that I have not been nor will I be reimbursed from any other source.

- I further CERTIFY that (indicate by "X" statements applicable)
- I am single without dependents in area.
 - I am single with dependents in area.
 - I am married without dependents in area.
 - I am married with dependents in area.
 - I was in travel status from _____ to _____ incl.

- * I have taken 144 hours of _____ leave from _____ to _____, during this period.
- * Quarters and/or meals were furnished me as follows: _____

Date: _____ 19 _____ Signature or self-applied No. of Payee _____

Approved for payment: _____ Signature: _____ Title _____

I hereby CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making Payment _____

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."
- ** Not required if payment is in accordance with Washington authorization.
- *** Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 34
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47

NAME OF PAYEE JEAN M. WATER Position _____

| | | |
|---------|-------------------|------------------|
| | Annual Rate | Amt. Payable |
| Salary | \$ <u>4149.60</u> | <u>50.00</u> |
| paid in | | <u>50.00</u> |
| | Type Currency | Rate of Exchange |
| | | (Amount) |

(If amount of salary is other than as authorized by Foreign Duty Post Sheet or other official document, explain here).

Arrived Heidelberg 12 Jan 47

| | | |
|----------------------------------|--------------------|---------------------------|
| | Annual Rate | Amt. Payable |
| Quarters allowance | | |
| Cost of living allowance | | |
| Special Foreign Living allowance | \$ <u>1274.70%</u> | <u>29.40</u> |
| paid in | | <u>29.40</u> |
| | Type Currency | Rate of Exchange |
| | | (Amount) |
| | | TOTAL <u>29.40</u> |

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- I am single without dependents in area.
- I am single with dependents in area.
- I am married without dependents in area.
- I am married with dependents in area.
- I was in travel status from _____ to _____ incl.

* I have taken 140 hours of _____ leave from _____ to _____ during this period.

* Quarters and/or meals were furnished as follows: _____

Case No. _____ 19 _____ Signature or self-assigned No. of Payee _____

Approved for payment _____ Signature _____ Title _____

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making Payment

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."
- * Not required if payment is in accordance with Washington authorization.
- * Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No.

VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
DATE: JAN 12 1947 OF LINES ALLOWED: Feb 47

Period of this Voucher: EVA M. POPOVICH to ADMN ASST
NAME OR NUMBER OF PAYEE _____ Position _____

3387-26 Amt. Pay-75.00

Salary _____
aid in _____
Type Currency Rate of Exchange (Amount)
*** (If amount of salary is other than as authorized by Foreign Duty Station
Secret or other official document, explain here).

quarters allowance Annual Rate Amt. Payable
Cost of living allowance 1092-70% 25.20 25.20
Special Foreign Living Allowance _____
aid in _____ 100.20
Type Currency Rate of Exchange (Amount)
TOTAL _____

I CERTIFY that I have received the above amount for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)
() I am single without dependents in area.
() I am single with dependents in area.
() I am married without dependents in area.
() I am married with dependents in area
() I was in travel status from _____ to _____ incl.

* I have taken 114 hours of _____ leave from _____
to _____, during this period.
* Quarters and/or meals were furnished as follows: _____

Date _____ 19 _____ Signature or self-applied No. of Payee _____

Approved for payment _____
Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making Payment _____

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.
- * Not required if payment is in accordance with Washington authorization.
- *** Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 36
**VOUCHER FOR PAYMENT OF INDIVIDUAL PAY RATE
 AND/OR QUARTERS AND COST OF LIVING ALLOWANCES**

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
 NAME OR NUMBER OF PAYEE GEORGE A. SCHRIEVER Position ADMN OFFICER

| | Annual Rate | Amt. Payable | |
|--|-------------|------------------|----------|
| Pay | \$4902 | 150.00 | 150.00 |
| Type Currency | | Rate of Exchange | (Amount) |
| (If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here). | | | |

| | Annual Rate | Amt. Payable | |
|----------------------------------|-------------|------------------|---------------------|
| Quarters allowance | | | |
| Cost of living allowance | | | |
| Special Foreign Living allowance | \$ 1274-70% | \$ 29.40 | 29.40 |
| Aid in | | | |
| Type Currency | | Rate of Exchange | (Amount) |
| | | | TOTAL 179.40 |

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- I am single without dependents in area.
- I am single with dependents in area.
- I am married without dependents in area.
- I am married with dependents in area.
- I was in travel status from _____ to _____ incl.

• I have taken 10 hours of _____ leave from _____ to _____ during this period.

• Quarters and/or meals were furnished me as follows: _____

_____, 19____ Signature or self-applied No. of Payee

Approved for payment _____ Signature _____ Title _____

I CERTIFY that the above payment has been made to the individual whose number appears above.

 Signature of F.O. making Payment

- If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."
- Not required if payment is in accordance with Washington authorization.
- Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 37
**VOUCHER FOR PAYMENT OF INDIVIDUAL PAY RATE
 AND/OR QUARTERS AND COST OF LIVING ALLOWANCES**

Period of this Voucher: From 12 Jan 47 to 8 Feb 47

NAME OR NUMBER OF PAYEE SARAH E. SMYTHE Position ANALYST

| | Annual Rate | Am't. Payable |
|--|-------------------|---------------|
| Pay | \$ <u>2644.80</u> | <u>100.00</u> |
| in | | <u>100.00</u> |
| Type Currency | Rate of Exchange | (Amount) |
| (If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here). | | |

| | Annual Rate | Am't. Payable |
|----------------------------------|--------------------|---------------|
| Quarters allowance | \$ _____ | _____ |
| Cost of living allowance | \$ _____ | _____ |
| Special Foreign Living allowance | \$ <u>1092.704</u> | <u>25.20</u> |
| aid in | | <u>25.20</u> |
| Type Currency | Rate of Exchange | (Amount) |
| TOTAL <u>125.20</u> | | |

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- I am single without dependents in area.
- I am single with dependents in area.
- I am married without dependents in area.
- I am married with dependents in area
- I was in travel status from _____ to _____ incl.

- * I have taken 14 hours of _____ leave from _____ to _____, during this period.
- * Quarters and/or meals were furnished me as follows: _____

 Signature or self-applied No. of Payee

Approved for payment _____
 Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

 Signature of P.O. making Payment

- If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."
- * Not required if payment is in accordance with Washington authorization.
- * Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 38

VOUCHER FOR PAYMENT OF INDIVIDUAL PAY RATE AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47

NAME OR NUMBER OF PAYEE JACK A. SOERGEFEL Position

| | | | |
|--|---------------|------------------|----------|
| | Annual Rate | Amt. Payable | |
| Pay | \$ 2644.80 | 75.00 | |
| in | | | 75.00 |
| | Type Currency | Rate of Exchange | (Amount) |
| (If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here). | | | |

| | | | |
|----------------------------------|---------------|------------------|--------------|
| | Annual Rate | Amt. Payable | |
| Quarters allowance | \$ | \$ | |
| Cost of living allowance | \$ | \$ | |
| Special Foreign Living allowance | \$ 1092-70% | 25.20 | |
| aid in | | | 25.20 |
| | Type Currency | Rate of Exchange | (Amount) |
| | | | TOTAL 100.20 |

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- I am single without dependents in area.
- I am single with dependents in area.
- I am married without dependents in area.
- I am married with dependents in area.
- I was in travel status from _____ to _____ incl.

* I have taken 100 hours of _____ leave from _____ to _____, during this period.

* Quarters and/or meals were furnished me as follows: _____

_____, 19____.

Signature or self-applied No. of Payee

Approved for payment _____

Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making Payment

If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.

Not required if payment is in accordance with Washington authorization.

Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 39
**VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
 AND/OR QUARTERS AND COST OF LIVING ALLOWANCE**

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
 NAME OR NUMBER OF PAYEE EMERSON T. SQUIRE Position EDITOR ANALYST

Annual Rate Amt. Payable

Salary ----- \$ 4149.60 303.24
 Paid in ----- 303.24
 Type Currency Rate of Exchange (Amount)
 (If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).

Annual Rate Amt. Payable

Quarters allowance -----
 Cost of living allowance -----
 Special Foreign Living allowance 1878-70% 29.40
 Paid in ----- 29.40
 Type Currency Rate of Exchange (Amount)
TOTAL 332.64

I CERTIFY that I have received the above amounts for the purpose specified stated and that I have not been nor will I be reimbursed from any other source.

- I FURTHER CERTIFY that (indicate by "X" statement applicable)
- () I am single without dependents in area.
 - () I am single with dependents in area.
 - () I am married without dependents in area.
 - (X) I am married with dependents in area.
 - () I was in travel status from _____ to _____ incl.

* I have taken 10 hours of _____ leave from _____ to _____, during this period.
 * Quarters and/or meals were furnished as follows: _____

Date 10 _____ Signature or self-addressed No. of Payee _____

Approved for payment _____ Signature _____ Title _____

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.C. making Payment

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."
- * Not required if payment is in accordance with Department authorization.
- * Not required if voucher is signed by payee with full pay roll name.

SECRET No. 40
**VOUCHER FOR PAYMENT OF INDIVIDUAL PAY RATE
 AND/OR QUARTERS AND COST OF LIVING ALLOWANCES**

Period of this Voucher: From 12 Jan 47 to 8 Feb 47

NAME OR NUMBER OF PAYEE GORDON M. STEWART Position CHIEF, INTELL.

| | | |
|--|-------------------|---------------|
| | Annual Rate | Amt. Payable |
| | \$ <u>7102.20</u> | <u>200.00</u> |
| 11 | Type Currency | <u>200.00</u> |
| | Rate of Exchange | (Amount) |
| 2 (If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here). | | |

| | | |
|----------------------------------|-------------------|----------------------------|
| Quarters allowance | Annual Rate | Amt. Payable |
| Cost of living allowance | \$ | \$ |
| Special Foreign Living allowance | \$ <u>1820.75</u> | \$ <u>42.00</u> |
| Aid in | | <u>42.00</u> |
| Type Currency | Rate of Exchange | (Amount) |
| | | TOTAL <u>242.00</u> |

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

I am single without dependents in area.

I am single with dependents in area.

I am married without dependents in area.

I am married with dependents in area.

I was in travel status from _____ to _____ incl.

* I have taken 444 hours of _____ leave from _____ to _____, during this period.

* Quarters and/or meals were furnished me as follows: _____

Date 19 _____ Signature or self-applied No. of Payee _____

Approved for payment _____ Signature _____ Title _____

I CERTIFY that the above payment has been made to the individual whose number appears above.

 Signature of P.O. making Payment

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.
- * Not required if payment is in accordance with Washington authorization.
- * Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 41
**VOUCHER FOR PAYMENT OF INDIVIDUAL PAY RATE
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES**

Period of this Voucher: From 12 Jan 47 to 8 Feb 47

NAME OR NUMBER OF PAYEE CHARLES H. STUBING Position _____

| | | |
|---------------|-------------------|--------------|
| | Annual Rate | Amt. Payable |
| Pay | \$ <u>5908.20</u> | <u>none</u> |
| aid in | | <u>none</u> |
| Type Currency | Rate of Exchange | (Amount) |

(If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).

| | | | |
|----------------------------------|------------------|------------------|----------------------------|
| | Annual Rate | Amt. Payable | |
| Quarters allowance | \$ _____ | \$ _____ | |
| Cost of living allowance | \$ _____ | \$ _____ | |
| Special Foreign Living allowance | \$ <u>1456</u> | \$ <u>112.00</u> | |
| aid in | | | <u>112.00</u> |
| Type Currency | Rate of Exchange | | (Amount) |
| | | | TOTAL <u>112.00</u> |

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)
 I am single without dependents in area.
 I am single with dependents in area.
 I am married without dependents in area.
 I am married with dependents in area
 I was in travel status from _____ to _____ incl.

* I have taken 14 hours of _____ leave from _____ to _____ during this period.
* Quarters and/or meals were furnished me as follows: _____

_____, 19____ Signature or self-applied No. of Payee

Approved for payment _____ Signature _____ Title _____

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.C. making Payment

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."
- * Not required if payment is in accordance with Washington authorization.
- ** Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 42
**VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
 AND/OR QUARTERS AND COST OF LIVING ALLOWANCES**

Period of this Voucher: From 12 Jan 47 to 8 Feb 47

NAME OR NUMBER OF PAYEE ALFRED R. SWITGALL Position _____

| | Annual Rate | Amt. Payable |
|--|------------------|---------------|
| Pay _____ | \$ <u>4902</u> | <u>200.00</u> |
| aid in _____ | | <u>200.00</u> |
| Type Currency | Rate of Exchange | (Amount) |
| (If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here). | | |

| | Annual Rate | Amt. Payable |
|--|-------------------|----------------------------|
| Quarters allowance _____ | \$ _____ | \$ _____ |
| Cost of living allowance _____ | \$ _____ | \$ _____ |
| Special Foreign Living allowance _____ | \$ <u>1274.70</u> | \$ <u>29.40</u> |
| aid in _____ | | <u>29.40</u> |
| Type Currency | Rate of Exchange | (Amount) |
| | | TOTAL <u>229.40</u> |

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be re-imbursed from any other source.

- I further CERTIFY that (indicate by "X" statements applicable)
- I am single without dependents in area.
 - I am single with dependents in area.
 - I am married without dependents in area.
 - I am married with dependents in area.
 - I was in travel status from _____ to _____ incl.

- * I have taken 110 hours of _____ leave from _____ to _____, during this period.
- * Quarters and/or meals were furnished me as follows: _____

_____ 19____ Signature or self-applied No. of Payee _____

Approved for payment _____ Signature _____ Title _____

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making Payment

If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."
 Not required if payment is in accordance with Washington authorization.
 Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 43
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY RATE
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
 Name of Member of Service: KURT L. TAUB Position SR INTELL OFFICER

Annual Rate \$ 4902.20 Amt. Payable none
 Type Currency _____ Rate of Exchange _____ (Amount) none
 (If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).

| | | |
|--|------------------------|----------------------------|
| Quarters allowance | Annual Rate | Amt. Payable |
| Cost of living allowance <i>Proque</i> | _____ | _____ |
| Special Foreign Living allowance | <u>\$ 1642</u> | <u>\$ 126.30</u> |
| Aid in _____ | _____ | <u>126.30</u> |
| Type Currency _____ | Rate of Exchange _____ | (Amount) _____ |
| | | TOTAL <u>126.30</u> |

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.
 I FURTHER CERTIFY that (indicate by "X" statements applicable)
 I am single without dependents in area.
 I am single with dependents in area.
 I am married without dependents in area.
 I am married with dependents in area.
 I was in travel status from _____ to _____ incl.

* I have taken 26 hours of _____ leave from _____ to _____, during this period.
 * Quarters and/or meals were furnished me as follows: _____

Signature or self-applied No. of Payee _____

Approved for payment _____
 Signature _____

I CERTIFY that the above payment has been made _____
 appears above. _____
 Signature of P.O. making Payment _____

If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.
 Not required if payment is in accordance with Washington authorization.
 Not required if voucher is signed by payee with full pay roll name.

SECRET No. 44
**VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES**

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
MEMBER NUMBER OF P.Y.R. ROBERT W. TUCKER Position REPORTS OFFICER

Annual Rate Amt. Payable
\$ 5905.20 50.00
Type Currency Rate of Exchange 50.00
(Amount)
(If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).

Arrived Heidelberg 27 Jan 47

| | | |
|----------------------------------|----------------|---------------------------|
| Quarters allowance | Annual Rate | Amt. Payable |
| Cost of living allowance | \$ | \$ |
| Special Foreign Living allowance | <u>1456.70</u> | <u>15.60</u> |
| aid in | Type Currency | Rate of Exchange |
| | | <u>15.60</u> (Amount) |
| | | TOTAL <u>65.60</u> |

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- I am single without dependents in area.
- I am single with dependents in area.
- I am married without dependents in area.
- I am married with dependents in area
- I was in travel status from _____ to _____ incl.

* I have taken 116 hours of _____ leave from _____ to _____ during this period.

* Quarters and/or meals were furnished me as follows: _____

to _____ 19____ Signature or self-applied No. of Payee _____

Approved for payment _____
Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making payment

- If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."
- Not required if payment is in accordance with Washington authorization.
- Not required if voucher is signed by payee with full pay roll name.

SECRET No. 45
**VOUCHER FOR PAYMENT OF INDIVIDUAL PAY RATE
 AND/OR QUARTERS AND COST OF LIVING ALLOWANCES**

Period of this Voucher: From 12 Jan 47 to 8 Feb 47

NAME OR NUMBER OF PAYEE: VICTOR WALLEN Position CPR OFFICER

| | Annual Rate | Amt. Payable | |
|--|------------------|--------------|--------|
| Salary | \$ 4149.60 | 100.00 | |
| Payed in | | | 100.00 |
| Type Currency | Rate of Exchange | (Amount) | |
| (If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here). | | | |

| | Annual Rate | Amt. Payable | |
|----------------------------------|------------------|---------------------|-------|
| Quarters allowance | \$ | | |
| Cost of living allowance | \$ | | |
| Special Foreign Living allowance | \$ 1592.72 | 36.74 | |
| Paid in | | | 36.74 |
| Type Currency | Rate of Exchange | (Amount) | |
| | | TOTAL 136.74 | |

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- I am single without dependents in area.
- I am single with dependents in area.
- I am married without dependents in area.
- I am married with dependents in area.
- I was in travel status from _____ to _____ incl.

* I have taken 414 hours of _____ leave from _____ to _____ during this period.

* Quarters and/or meals were furnished me as follows: _____

_____ 19____ Signature or self-applied No. of Payee

Approved for payment _____ Signature _____ Title _____

I CERTIFY that the above payment has been made to the individual whose number appears above.

 Signature of P.O. making Payment

If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.

- * Not required if payment is in accordance with Washington authorization.
- * Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. _____
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES 46

Period of this Voucher: From _____ to _____

DATE ON WHICH CP. PAYE _____ Position 8 Feb 47
12 Jan 47

HENRY WORSCH JR. OFFICER
 Annual Rate Amt. Payable _____

Type Currency Rate of Exchange 140.60 100.00 (Amount)
 (If amount of salary is other than as authorized by Foreign Data Sheet or other official document, explain here)

| | | | |
|----------------------------------|------------------|--------------|---------------|
| Quarters allowance | Annual Rate | Amt. Payable | |
| Cost of living allowance | _____ | _____ | |
| Special Foreign Living allowance | _____ | _____ | |
| Aid in _____ | _____ | _____ | |
| Type Currency | Rate of Exchange | | (Amount) |
| | <u>1274-70%</u> | <u>29.40</u> | <u>129.40</u> |

I CERTIFY that I have received the above amounts for the purpose and use intended and that I have not been nor will I be reimbursed from any other source.
 I FURTHER CERTIFY that (indicate by "X" statements applicable)
 I am single without dependents in area.
 I am single with dependents in area.
 I am married without dependents in area.
 I am married with dependents in area
 I was in travel status from _____ to _____ incl.

* I have taken no hours of _____ leave from _____ to _____ during this period.
 * Quarters and/or meals were furnished me as follows: _____

_____, 19____ Signature or self-applied No. of Payee _____
 Approved for payment _____ Signature _____ Title _____

I CERTIFY that the above payment has been made to the individual whose number appears above.
 _____ Signature of P.O. making payment

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.
- * Not required if payment is in accordance with Washington authorization.
- ** Not required if voucher is signed by payee with full pay roll name.

SECRET No. 47
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
 NAME OR NUMBER OF PAYEE VIRGINIA BLATT Position ADMIN ASST

| | | |
|---------------|-------------------|-------------------------|
| | Annual Rate | Amt. Payable |
| | \$ <u>4149.60</u> | <u>NONE</u> |
| Type Currency | Rate of Exchange | <u>NONE</u> (Amount) |

If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here.

Left for Leave in U. S. 4 Dec 46

| | | |
|----------------------------------|-------------------|--|
| | Annual Rate | Amt. Payable |
| Quarters allowance | \$ _____ | \$ _____ |
| Cost of living allowance | \$ _____ | \$ _____ |
| Special Foreign Living allowance | \$ <u>1274.73</u> | \$ <u>none</u> |
| Aid in _____ | | <u>none</u> (Amount) TOTAL _____ |
| Type Currency | Rate of Exchange | |

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

() I am single without dependents in area.
 () I am single with dependents in area.
 () I am married without dependents in area.
 () I am married with dependents in area.
 () I was in travel status from _____ to _____ incl.

* I have taken _____ hours of _____ leave from _____ to _____, during this period.

* Quarters and/or meals were furnished me as follows: _____

 Signature or self-applied No. of Payee

Approved for payment _____
 Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

 Signature of P.O. making payment

- If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.
- Not required if payment is in accordance with Washington authorization.
- Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. _____
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES 48

Period of this Voucher: From _____ to _____

ON BEHALF OF PAYEE _____ 12 Jan 47 Position _____ 8 Feb 47

NAME _____ POSITION _____
 ARTHUR A. _____
 Annual Rate Amt. Payable

_____ \$ _____
 Type Currency Rate of Exchange 2644.80 75.00 (Amount)
 If amount of salary is other than as authorized by Foreign Data Data Sheet or other official document, explain here: _____

| | | |
|-------|-------------|--------------|
| _____ | Annual Rate | Amt. Payable |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

I in _____
 Type Currency Rate of Exchange 092-70% 25.20 (Amount)
 100.20

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source. I FURTHER CERTIFY that (indicate by "X" statements applicable)

- I am single without dependents in area.
- I am single with dependents in area.
- I am married without dependents in area.
- I am married with dependents in area.
- I was in travel status from _____ to _____ incl.

* I have taken _____ hours of _____ leave from _____ to _____ during this period.
 * Quarters and/or meals were furnished me as follows: _____

Signature or self-applied No. of Payee _____
 Approved for payment _____
 Signature _____ Title _____

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.C. making Payment

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.
- * Not required if payment is in accordance with Washington authorization.
- * Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 49
**VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
 AND/OR QUARTERS AND COST OF LIVING ALLOWANCES**

Period of this Voucher: From 12 Jan 47 to 8 Feb 47

NAME OR DESIGN OF PAYEE MARION F. CANNELL Position CLERK

| | | |
|---------------|------------------|--------------|
| | Annual Rate | Amt. Payable |
| Salary | \$ 2644.80 | 60.00 |
| aid in | | 60.00 |
| Type Currency | Rate of Exchange | (Amount) |

(If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).

| | | |
|----------------------------------|------------------|--------------|
| | Annual Rate | Amt. Payable |
| Quarters allowance | | |
| Cost of living allowance | | |
| Special Foreign Living allowance | \$ 1092.70% | 25.20 |
| aid in | | 25.20 |
| Type Currency | Rate of Exchange | (Amount) |
| | | TOTAL 25.20 |

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "*" statements applicable)

- () I am single without dependents in area.
- () I am single with dependents in area.
- () I am married without dependents in area.
- () I am married with dependents in area.
- () I was in travel status from _____ to _____ incl.

* I have taken 11 1/2 hours of _____ leave from _____ to _____ during this period.

* Quarters and/or meals were furnished me as follows: _____

to _____ 19 ____.

Signature or self-applied No. of Payee

Approved for payment _____
 Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making Payment

If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.

* Not required if payment is in accordance with Washington authorization.

* Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 50
**VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
 AND/OR QUARTERS AND COST OF LIVING ALLOWANCES**

Period of this Voucher: From 12 Jan 47 to 8 Feb 47

Name of Member of Payroll VERGINIA L. CAREY Position ADMIN ASST

| | Annual Rate | Amt. Payable |
|------------------|-------------------|--------------|
| | \$ <u>3397.20</u> | <u>75.00</u> |
| Type Currency | | <u>75.00</u> |
| Rate of Exchange | | (Amount) |

(If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).

| | Annual Rate | Amt. Payable |
|----------------------------------|--------------------|---------------------|
| Quarters allowance | \$ _____ | _____ |
| Cost of living allowance | \$ _____ | _____ |
| Special Foreign Living allowance | \$ <u>1092.70%</u> | <u>25.20</u> |
| Subtotal | | <u>25.20</u> |
| Type Currency | | (Amount) |
| Rate of Exchange | | <u>TOTAL 100.20</u> |

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- () I am single without dependents in area.
- () I am single with dependents in area.
- () I am married without dependents in area.
- () I am married with dependents in area.
- () I was in travel status from _____ to _____ incl.

* I have taken 40 hours of _____ leave from _____ to _____, during this period.

* Quarters and/or meals were furnished me as follows: _____

Approved for payment _____
 Signature _____ Title _____

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making Payment _____

If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.

Not required if payment is in accordance with Washington authorization.

Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 51
**VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
 AND/OR QUARTERS AND COST OF LIVING ALLOWANCES**

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
 FOR MEMBER OF PAYEE MARION F. HECK Position CLERK

| | | |
|--|------------------|--------------|
| | Annual Rate | Amt. Payable |
| Salary | \$ <u>3221</u> | <u>75.00</u> |
| in | | <u>75.00</u> |
| Type Currency | Rate of Exchange | (Amount) |
| (If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here). | | |

| | | |
|----------------------------------|-------------------|---------------------|
| | Annual Rate | Amt. Payable |
| Quarters allowance | \$ _____ | \$ _____ |
| Cost of living allowance | \$ _____ | \$ _____ |
| Special Foreign Living allowance | \$ <u>1092.20</u> | <u>25.20</u> |
| aid in | | <u>25.20</u> |
| Type Currency | Rate of Exchange | (Amount) |
| | | TOTAL <u>109.20</u> |

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- I am single without dependents in area.
- I am single with dependents in area.
- I am married without dependents in area.
- I am married with dependents in area.
- I was in travel status from _____ to _____ incl.

* I have taken one hours of _____ leave from _____ to _____, during this period.

* Quarters and/or meals were furnished me as follows: _____

Date 19 _____ Signature or self-applied No. of Payee _____

Approved for payment _____ Signature _____ Title _____

I CERTIFY that the above payment has been made to the individual whose number appears above.

 Signature of P.O. making Payment

If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.

Not required if payment is in accordance with Washington authorization.

Not required if voucher is signed by payee with full pay roll name.

SECRET

VOUCHER FOR PAYMENT OF INDIVIDUAL PAY RATE AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

52

Period of this Voucher: From 12 Jan 47 to 8 Mar 47
ON BEHALF OF P.Y.C. DOROTHY A. KUNZIG Position CLERK

Table with 3 columns: Annual Rate, Amt. Payable, and a blank column. Values: 2644.80, 75.00, 75.00

Type Currency Rate of Exchange (Amount)
If amount of salary is other than as authorized by Foreign Duty Data sheet or other official document, explain here.

Table with 3 columns: Annual Rate, Amt. Payable, and a blank column. Values: 1092.70%, 25.20, 25.20. Includes rows for quarters allowance, cost of living allowance, and special foreign living allowance. Total: 100.20

I CERTIFY that I have received the above amounts for the purpose authorized and that I have not been nor will I be reimbursed from any other source.

- I FURTHER CERTIFY that (indicate by "X" statements applicable)
(X) I am single without dependents in area.
(X) I am single with dependents in area.
(X) I am married without dependents in area.
(X) I am married with dependents in area
(X) I was in travel status from to incl.

I have taken 140 hours of leave from to during this period.
Quarters and/or meals were furnished me as follows:

Signature or self-applied No. of Payee

Approved for payment Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.C. making Payment

If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.
Not required if payment is in accordance with Washington authorization.
Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. _____
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL 33
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 19 Jan 47 to 8 Jan 47
 NAME OR NUMBER OF PAYEE FRANK H. MANGENG Position CHIEF, FINANCE

Annual Rate Amt. Payable
 \$ 5905.20 92.10%
 Type Currency Rate of Exchange 92 (39) (unt)
 (If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).

| | | |
|----------------------------------|------------------|------------------|
| Quarters allowance | Annual Rate | Amt. Payable |
| Cost of living allowance | \$ _____ | \$ _____ |
| Special Foreign Living allowance | \$ _____ | \$ _____ |
| aid in _____ | <u>1456-70%</u> | <u>33.60</u> |
| Type Currency | Rate of Exchange | <u>(1456-70)</u> |
| | | TOTAL |

I CERTIFY that I have received the above amounts for the purpose and used as stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)
 I am single without dependents in area.
 I am single with dependents in area.
 I am married without dependents in area.
 I am married with dependents in area
 I was in travel status from _____ to _____ incl.

- I have taken 145 hours of _____ leave from _____ to _____ during this period.
- Quarters and/or meals were furnished me as follows: _____

Signature of self-applied No. of Payee _____

Approved for payment _____
 Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making Payment _____

- If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."
- Not required if payment is in accordance with Washington authorization.
- Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. _____
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY RATE
AND/OR ALLOWANCES AND COST OF LIVING ALLOWANCE

Period of this Voucher: From _____ to _____

NAME OR NUMBER OF PAYEE 12 Jan 47 Position 8 Feb 47

EVILYN M. VEITH

ADMIN ASST

Annual Rate Amt. Payable

Type Currency Rate of Exchange 3522.60 50.00 (63.00)

(If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).

Annual Rate Amt. Payable

Cost of living allowance _____
 Special Foreign Living allowance _____
 Paid in _____

Type Currency Rate of Exchange 092-70% 25.20 (Amount)

TOTAL

75.20

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- I am single without dependents in area.
- I am single with dependents in area.
- I am married without dependents in area.
- I am married with dependents in area.
- I was in travel status from _____ to _____ incl.

* I have taken 2 1/2 hours of _____ leave from _____ to _____, during this period.

* Quarters and/or meals were furnished me as follows: _____

 Signature or self-applied No. of Payee

Approved for payment _____
 Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

 Signature of P.O. making Payment

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."
- * Not required if payment is in accordance with Washington authorization.
- ** Not required if voucher is signed by payee with full pay roll name.

SECRET

VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47

Name of Member of Payee ORRIS L. LUMIS Position CHIEF OF MISSION

| | Annual Rate | Am't. Payable |
|--|------------------|---------------------------|
| in <u> </u> | <u>8199.50</u> | <u>597.72</u> |
| Type Currency | Rate of Exchange | <u>597.72</u> (Amount) |
| (If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here). | | |

| | Annual Rate | Am't. Payable |
|------------------------------------|-----------------------------|-----------------------------|
| Quarters allowance | <u> </u> | <u> </u> |
| Cost of living allowance | <u> </u> | <u> </u> |
| Special Foreign Living allowance | <u>1820.90%</u> | <u>42.00</u> |
| aid in <u> </u> | <u> </u> | <u>42.00</u> (Amount) |
| Type Currency | Rate of Exchange | <u>42.00</u> (Amount) |
| | | TOTAL <u>639.72</u> |

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I further certify that (indicate by "X" statements applicable)

() I am single without dependents in area.

() I am single with dependents in area.

() I am married without dependents in area.

() I am married with dependents in area.

() I was in travel status from to incl.

* I have taken 94 hours of Annual leave from 12 Jan 47 to 8 Feb 47, during this period.

* Quarters and/or meals were furnished me as follows:

Signature of self-applied No. of Payee

Approved for payment Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making payment

* If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."

* Not required if payment is in accordance with Washington authorization.

* Not required if voucher is signed by payee with full pay roll name.

STATE - No. 70
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47

NAME OR NUMBER OF PAYEE KATHERINE L. GALLAGHER Position ADMIN ASST

Annual Rate Amt. Payable

\$ 3397.20 100.00

Type Currency Rate of Exchange 100.00

(Amount)
 If amount of salary is other than as authorized by Foreign Duty Detachment or other official document, explain here.

Annual Rate Amt. Payable

Quarters allowance _____
 Cost of living allowance _____
 Special Foreign Living allowance 1092.70% 25.20

Amount in _____
 Type Currency Rate of Exchange 25.20
 (Amount)
TOTAL 125.20

I CERTIFY that I have received the above amount for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- I am single without dependents in area.
- I am single with dependents in area.
- I am married without dependents in area.
- I am married with dependents in area.
- I was in travel status from _____ to _____ incl.

* I have taken NO hours of _____ leave from _____ to _____, during this period.

* Quarters and/or meals were furnished me as follows: _____

Date _____ to _____ Signature or self-applied No. of Payee _____

Approved for payment _____
 Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making Payment

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."
- * Not required if payment is in accordance with Washington authorization.
- * Not required if voucher is signed by payee with full pay roll name.

SECRET

No. 57

VOUCHER FOR PAYMENT OF INDIVIDUAL PAY RATE
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
 Name of Member of Service MARY JANE HAWLEY Position STENO

| Annual Rate | Am't. Payable | |
|--|------------------|---------------|
| <u>2644.80</u> | <u>100.00</u> | <u>100.00</u> |
| Type Currency | Rate of Exchange | (Amount) |
| (If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here). | | |

| Annual Rate | Am't. Payable | |
|----------------------------|------------------|--------------|
| <u>1092-70%</u> | <u>25.20</u> | <u>25.20</u> |
| Type Currency | Rate of Exchange | (Amount) |
| TOTAL <u>125.20</u> | | |

I CERTIFY that I have received the above amounts from the purveyor and void stated and that I have not been nor will I be reimbursed from any other source.

I further CERTIFY that (indicate by "X" statements applicable)

- I am single without dependents in area.
- I am single with dependents in area.
- I am married without dependents in area.
- I am married with dependents in area.
- I was in travel status from _____ to _____ incl.

* I have taken 140 hours of _____ leave from _____ to _____ during this period.

* Quarters and/or meals were furnished me as follows: _____

 Signature or self-applied No. of Payee

Approved for payment _____
 Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

 Signature of P.O. making Payment

* If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blank."

* Not required if payment is in accordance with Washington authorization.

* Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. _____
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY RATE
 AND/OR **ALLOWANCE OF LIVING ALLOWANCE** 8 Feb 47

Period of this Voucher: HELEN E. MORGAN to CLERK STENO
 GRADE OR RANK OF PAYEE _____ Position _____

| | Annual Rate | Am. Payable |
|---|------------------|-------------|
| 1. <u>7</u> _____ \$ _____ | | |
| 2. In _____ | | |
| Type Currency | Rate of Exchange | (Amount) |
| <small>(TDY Stock, Bonds, etc. other than as authorized by Foreign Duty Data Sheet or other official document; explain above)</small> | | |

| | Annual Rate | Am. Payable |
|--|------------------|-------------|
| 3. <u>rs</u> allowance _____ | | |
| 4. <u>f</u> living allowance _____ | | |
| 5. <u>l</u> Foreign Living allowance _____ | | |
| 6. <u>id</u> in _____ | | |
| Type Currency | Rate of Exchange | (Amount) |
| TOTAL _____ | | |

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

- I FURTHER CERTIFY that (indicate by "X" statements applicable)
- () I am single without dependents in area.
 - () I am single with dependents in area.
 - () I am married without dependents in area.
 - () I am married with dependents in area.
 - () I was in travel status from _____ to _____ incl.

* I have taken _____ hours of _____ leave from _____ to _____, during this period.
 * Quarters and/or meals were furnished me as follows: _____

Dated: _____ 19____. _____
 Signature or self-applied No. of Payee

Approved for payment: _____
 Signature Title

I CERTIFY that the above payment has been made to the individual whose name appears above.

 Signature of P.C. making Payment

If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."
 Not required if payment is in accordance with Washington authorization.
 Not required if voucher is signed by payee with full pay roll name.

SECRET No. 59
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47

NAME OR NUMBER OF PAYEE: WILLIAM L. BALAZS Position MISSION OFFICER

| | Annual Rate | Ant. Payable |
|---------------|-------------------|---------------------------|
| | \$ <u>5905.20</u> | <u>125.00</u> |
| Type Currency | Rate of Exchange | <u>125.00</u> (Amount) |

(If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).

| | Annual Rate | Ant. Payable |
|------------------------------|------------------|--------------------------|
| Quarters allowance | | |
| Cost of living allowance | | |
| 1/1 Foreign Living allowance | <u>1456-70%</u> | <u>33.60</u> |
| is in | | <u>33.60</u> (Amount) |
| Type Currency | Rate of Exchange | <u>TOTAL 152.60</u> |

I CERTIFY that I have received the above amounts for the purpose and used stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- I am single without dependents in area.
- I am single with dependents in area.
- I am married without dependents in area.
- I am married with dependents in area.
- I was in travel status from _____ to _____ incl.

* I have taken 110 hours of _____ leave from _____ to _____, during this period.

* Quarters and/or meals were furnished me as follows: _____

_____, 19____ Signature or self-applied No. of Payee

Approved for payment _____
Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making Payment

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."
- * Not required if payment is in accordance with Washington authorization.
- * Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 60
**VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES**

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
NAME OR NUMBER OF PAYEE ANNE CURTIS Position CLERK

Annual Rate Amt. Payable
\$ 2644.80 50.00
in _____ 50.00
Type Currency Rate of Exchange (Amount)
(If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here.)

Annual Rate Amt. Payable
Cost of living allowance _____
Special Foreign Living allowance \$ 1092.73% \$ 25.20
aid in _____ 25.20
Type Currency Rate of Exchange (Amount)
TOTAL 75.20

I CERTIFY that I have received the above amounts for the purpose and used stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)
 I am single without dependents in area.
 I am single with dependents in area.
 I am married without dependents in area.
 I am married with dependents in area
 I was in travel status from _____ to _____ incl.

• I have taken 4.0 hours of _____ leave from _____ to _____ during this period.
• Quarters and/or meals were furnished me as follows: _____

Date 19 _____ Signature or self-applied No. of Payee _____

Approved for payment _____ Signature _____ Title _____

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making Payment _____

If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.
• Not required if payment is in accordance with Washington authorization.
• Not required if voucher is signed by payee with full pay roll name.

SECRET No. 61

VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47

NAME OR NUMBER OF PAYEE: MARGARET L. GEBRGE Position: CLERK

| | Annual Rate | Amt. Payable |
|--|-------------|--------------|
| Payroll | \$ 2644.80 | 50.00 |
| Quarters | | 50.00 |
| Type Currency Rate of Exchange (Amount) | | |
| (If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here). | | |

| | Annual Rate | Amt. Payable |
|--------------------------------|-------------|--------------|
| Quarters allowance | \$ | |
| Cost of living allowance | \$ | |
| Foreign Living allowance | \$ 1092-70% | \$ 25.20 |
| Type Currency Rate of Exchange | | |
| | | 25.20 |
| | | (Amount) |
| | | TOTAL 75.20 |

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- () I am single without dependents in area.
- () I am single with dependents in area.
- () I am married without dependents in area.
- () I am married with dependents in area.
- () I was in travel status from _____ to _____ incl.

I have taken 3 1/2 hours of sick leave from 4 Jan 47 to 8 Feb 47, during this period.

Quarters and/or meals were furnished me as follows: _____

Signature or self-applied No. of Payee

Approved for payment Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making Payment

- If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."
- Not required if payment is in accordance with Washington authorization.
- Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. _____
**VOUCHER FOR PAYMENT OF INDIVIDUAL PAY RATES
 AND/OR QUARTERS AND COST OF LIVING ALLOWANCES**

Period of this Voucher: From _____ to _____

DATE OR NUMBER OF PAYROLL _____ 12 Jan 47 _____ Position _____ 8 Feb 47

_____ **ROBERT P. HARRIS** _____
 Annual Rate Amt. Payable

Pay _____
 in _____
 Type Currency Rate of Exchange \$44.80 50.00 56.00 (Grant)

(If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).

| | | |
|----------------------------------|-------------|--------------|
| | Annual Rate | Amt. Payable |
| Quarters allowance | \$ _____ | \$ _____ |
| Cost of living allowance | \$ _____ | \$ _____ |
| Cost of Foreign Living allowance | \$ _____ | \$ _____ |

id in _____
 Type Currency Rate of Exchange \$92.70% 25.20 (25.20%)
TOTAL

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

- I FURTHER CERTIFY that (indicate by "X" statements applicable)
- () I am single without dependents in area.
 - () I am single with dependents in area.
 - () I am married without dependents in area.
 - () I am married with dependents in area.
 - () I was in travel status from _____ to _____ incl.

* I have taken 40 hours of vacation leave from 20 Jan 47 to 25 Jan 47, during this period.
 * Quarters and/or meals were furnished me as follows: _____

Date _____ 19 _____
 Signature or self-applied No. of Payee

Approved for payment _____
 Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making Payment

If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."
 Not required if payment is in accordance with Washington authorization.
 Not required if voucher is signed by payee with full pay roll name.

SECRET No. 63
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
 NAME OR NUMBER OF PAYEE EVERETT F. JAMES Position ENGINEER RADIO OPR

| | Annual Rate | Ant. Payable | |
|--|-------------|--------------|----------|
| Salary | \$ 3621 | 100.00 | 100.00 |
| Paid in | | | (Amount) |
| Type Currency Rate of Exchange | | | |
| (If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here). | | | |

Arrived Heidelberg 27 Jan 47

| | Annual Rate | Ant. Payable | |
|----------------------------------|-------------|--------------|---------------------|
| Quarters allowance | | | |
| Cost of living allowance | | | |
| Special Foreign Living allowance | \$ 1092-70% | \$ 11.70 | 11.70 |
| Paid in | | | (Amount) |
| Type Currency Rate of Exchange | | | |
| | | | TOTAL <u>111.70</u> |

I CERTIFY that I have received the above amounts for the purpose and used stated and that I have not been nor will I be reimbursed from any other source.
 I FURTHER CERTIFY that (indicate by "X" statements applicable)
 I am single without dependents in area.
 I am single with dependents in area.
 I am married without dependents in area.
 I am married with dependents in area.
 I was in travel status from _____ to _____ incl.
 * I have taken 140 hours of _____ leave from _____ to _____ during this period.
 * Quarters and/or meals were furnished me as follows: _____
 Date 10 _____
 Signature or self-applied No. of Payee _____

Approved for payment _____
 Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making payment _____

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."
- ** Not required if payment is in accordance with Washington authorization.
- *** Not required if voucher is signed by payee with full pay roll name.

SECRET No. 64
**VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
 AND/OR QUARTERS AND COST OF LIVING ALLOWANCES**

Period of this Voucher: From 12 Jan 47 to 8 Feb 47

NAME OR NUMBER OF PAYEE LEO J. JUNGEN Position RADIO MAINT.

Annual Rate Ant. Payable
\$ 2644.80 none none
 Type Currency Rate of Exchange (Amount)
 (If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).

| | | |
|----------------------------------|--------------------|---------------------------|
| Quarters allowance | Annual Rate | Ant. Payable |
| Cost of living allowance | | |
| Special Foreign Living allowance | <u>\$ 1692.704</u> | <u>\$ 17.10</u> |
| is in | Type Currency | Rate of Exchange |
| | | <u>17.10</u> |
| | | (Amount) |
| | | TOTAL <u>17.10</u> |

I CERTIFY that I have received the above amount for the purpose and used stated and that I have not been nor will I be reimbursed from any other source. I FURTHER CERTIFY that (indicate by "X" statements applicable):

- I am single without dependents in area.
- I am single with dependents in area.
- I am married without dependents in area.
- I am married with dependents in area.
- I was in travel status from 20 Jan 47 to 28 Jan 47 incl.

* I have taken 140 hours of _____ leave from _____ to _____, during this period.

* Quarters and/or meals were furnished me as follows: _____
10

Signature or self-applied No. of Payee

Approved for payment _____
 Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making Payment

* If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."
 Not required if payment is in accordance with Washington authorization.
 Not required if voucher is signed by payee with full pay roll name.

SECRET No. 65
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR ALLOWANCES AND COST OF LIVED ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47

Name OR NUMBER OF PAYEE JOSEPH KAPLAN Position RADIO OPR TECH

Annual Rate Amt. Payable

Pay in 3397.20 none
 Type Currency Rate of Exchange (Amount)

(If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).

| | Annual Rate | Amt. Payable |
|--------------------------------|-----------------|---------------------------|
| Travel allowance | \$ _____ | \$ _____ |
| Cost of living allowance | \$ _____ | \$ _____ |
| 11 Foreign Living allowance | <u>1099.704</u> | <u>25.20</u> |
| Pay in _____ | | <u>25.20</u> |
| Type Currency Rate of Exchange | | (Amount) |
| | | TOTAL <u>25.20</u> |

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- I am single without dependents in area.
- I am single with dependents in area.
- I am married without dependents in area.
- I am married with dependents in area.
- I was in travel status from _____ to _____ incl.

* I have taken 410 hours of _____ leave from _____ to _____, during this period.

* Quarters and/or meals were furnished me as follows: _____

_____ 19____ Signature or self-applied No. of Payee

Approved for payment _____
 Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making Payment

If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."

Not required if payment is in accordance with Washington authorization.

Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 66
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVED ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47

NAME OR NUMBER OF PAYEE: JOSEPH E. MCEWAN Position: TECHNICIAN

| | Annual Rate | Ent. Payable |
|--|-------------------|--------------|
| | \$ <u>3397.20</u> | <u>50.00</u> |
| Type Currency | | <u>50.00</u> |
| Rate of Exchange | | (Amount) |
| (If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here). | | |

| | Annual Rate | Ent. Payable |
|----------------------------------|--------------------|--------------------|
| Quarters allowance | | |
| Cost of living allowance | | |
| Special Foreign Living allowance | \$ <u>1092.704</u> | \$ <u>15.30</u> |
| Aid in | | <u>15.30</u> |
| Type Currency | | (Amount) |
| Rate of Exchange | | <u>TOTAL 65.30</u> |

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- () I am single without dependents in area.
- () I am single with dependents in area.
- () I am married without dependents in area.
- () I am married with dependents in area.
- () I was in travel status from 14 Jan 47 to 24 Jan 47 incl.

- * I have taken None hours of _____ leave from _____ to _____, during this period.
- * Quarters and/or meals were furnished me as follows: _____

 Signature or self-applied No. of Payee

Approved for payment _____
 Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

 Signature of P.C. making Payment

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."
- * Not required if payment is in accordance with Washington authorization.
- * Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 67
**VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES**

Period of this Voucher: From 12 Jan 47 to 8 Feb 47

NAME OR NUMBER OF PAYEE ELINGH L. MÜNSTER Position CLERK

| | | |
|----------------------|------------------------|--------------------------|
| | Annual Rate | Amt. Payable |
| Salary paid in _____ | \$ <u>3021</u> | <u>50.00</u> |
| Type Currency _____ | Rate of Exchange _____ | <u>50.00</u> (Amount) |

REMARKS: (If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).

| | | |
|--|------------------------|---------------------------|
| | Annual Rate | Amt. Payable |
| Quarters allowance _____ | _____ | _____ |
| Cost of living allowance _____ | _____ | _____ |
| Special Foreign Living allowance _____ | \$ <u>1092-70%</u> | <u>25.20</u> |
| aid in _____ | _____ | <u>25.20</u> (Amount) |
| Type Currency _____ | Rate of Exchange _____ | TOTAL <u>75.20</u> |

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

- I FURTHER CERTIFY that (indicate by "X" statements applicable)
- I am single without dependents in area.
 - I am single with dependents in area.
 - I am married without dependents in area.
 - I am married with dependents in area.
 - I was in travel status from _____ to _____ incl.

- I have taken 28 hours of sick leave from 21 Jan 47 to 24 Jan 47, during this period.
- Quarters and/or meals were furnished me as follows: _____

Date _____ 19____ Signature or self-applied No. of Payee _____

Approved for payment _____ Signature _____ Title _____

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.C. making Payment

- If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.
- Not required if payment is in accordance with Washington authorization.
- Not required if voucher is signed by payee with full pay roll name.

SECRET No. _____
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES 68

Period of this Voucher: From _____ to _____
 NAME ON ROLL OF P.C. _____ Position _____

RUDOLPH W. _____ RADIO OPER. TECH.
 Annual Rate Amt. Payable

Salary _____
 Paid in _____

| Type | Currency | Rate of Exchange | Amount |
|------|----------|------------------|----------------|
| | | 307.20 | 50.00 (Amount) |

 (If amount of salary is other than as authorized by Foreign Pay Docket or other official document, explain here).

| | Annual Rate | Amt. Payable |
|----------------------------------|-------------|--------------|
| Quarters Allowance | | |
| Cost of Living Allowance | | |
| Special Foreign Living Allowance | | |

Paid in _____

| Type | Currency | Rate of Exchange | Amount |
|------|----------|------------------|------------------|
| | | 1092-74% | 2 17.10 (Amount) |

 207.40

I CERTIFY that I have received the above amount for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)
 I am single without dependents in area.
 I am single with dependents in area.
 I am married without dependents in area.
 I am married with dependents in area.
 I was in travel status from _____ to _____ incl.

* I have taken 144 hours of 20 Jan 47 leave from Jan 47 to _____, during this period.
 * Quarters and/or meals were furnished as follows: _____

Date _____
 Signature or self-applied No. of Payee _____

Approved for payment _____
 Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.
 Signature of P.C. making Payment _____

* If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."
 ** Not required if payment is in accordance with Washington authorization.
 *** Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 9
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47

NAME OR NUMBER OF PAYEE ELISE D. PRICKETT Position CLERK

| | Annual Rate | Amt. Payable |
|------------------------------|------------------|---------------|
| Salary aid in <u>\$ 3621</u> | <u>100.00</u> | <u>100.00</u> |
| Type Currency | Rate of Exchange | (Amount) |

REMARKS: (If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).

| | Annual Rate | Amt. Payable |
|---|------------------|--------------|
| Quarters allowance | | |
| Cost of living allowance <u>Change</u> | | |
| Special Foreign Living allowance <u>1204 - 1204 - 70%</u> | | <u>37.04</u> |
| aid in | | <u>37.04</u> |
| Type Currency | Rate of Exchange | (Amount) |
| TOTAL 137.04 | | |

I CERTIFY that I have received the above amount for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- I am single without dependents in area.
- I am single with dependents in area.
- I am married without dependents in area.
- I am married with dependents in area.
- I was in travel status from _____ to _____ incl.

* I have taken _____ hours of _____ leave from _____ to _____, during this period.

* Quarters and/or meals were furnished me as follows: _____

Date 19 _____ Signature or self-applied No. of Payee _____

Approved for payment _____ Signature _____

I certify that the above reimbursement has been made in accordance with the instructions furnished by the Department of Defense and that it is not in excess of the amount authorized for the payee named above and that it is not in excess of the amount authorized for the payee named above and that it is not in excess of the amount authorized for the payee named above.

I CERTIFY that the above payment has been made to the payee named above and that it is not in excess of the amount authorized for the payee named above.

Signature of P.C. making Payment _____

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."
- * Not required if payment is in accordance with Washington authorization.
- * Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. _____
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY RATES
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Vouchers From 12 Jan 47 to 8 Feb 47
 NAME OR NAME OF PAYEE SERENA A. SIMONS Position CLERK

Annual Rate Amt. Payable

Pay in 2644.80 none
 Type Currency Rate of Exchange (Amount)
 (If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).

TDY TO AUSTRIA TO BE PAID BY THAT OFFICE

| | Annual Rate | Amt. Payable |
|----------------------------------|-------------|----------------------|
| Quarters allowance | _____ | _____ |
| Cost of living allowance | _____ | _____ |
| Special Foreign Living allowance | _____ | _____ |
| Paid in _____ | | |
| Type Currency Rate of Exchange | | (Amount) TOTAL _____ |

I CERTIFY that I have received the above amounts for the purpose and used stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- I am single without dependents in area.
- I am single with dependents in area.
- I am married without dependents in area.
- I am married with dependents in area.
- I was in travel status from _____ to _____ incl.

- * I have taken _____ hours of _____ leave from _____ to _____, during this period.
- * Quarters and/or meals were furnished me as follows: _____

Date _____ Signature or self-applied No. of Payee _____

Approved for payment _____ Signature _____ Title _____

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.C. making Payment

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.
- ** Not required if payment is in accordance with Washington authorization.
- *** Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 71
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47

NAME OR NUMBER OF DATE BERNARDA C. SMITH Position CLERK

| | | |
|---------|---------------|---------------------------|
| | Annual Rate | Amt. Payable |
| Salary | \$ 2644.80 | 75.00 |
| Paid in | | 75.00 |
| | Type Currency | Rate of Exchange (Amount) |

REMARKS: (If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).

| | | |
|----------------------------------|---------------|---------------------------|
| | Annual Rate | Amt. Payable |
| Quarters allowance | | |
| Cost of living allowance | | |
| Special Foreign Living allowance | \$ 1002.70 | 25.20 |
| Paid in | | 25.20 |
| | Type Currency | Rate of Exchange (Amount) |
| | | TOTAL 100.20 |

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

- I FURTHER CERTIFY that (indicate by "X" statements applicable)
- I am single without dependents in area.
 - I am single with dependents in area.
 - I am married without dependents in area.
 - I am married with dependents in area.
 - I was in travel status from _____ to _____ incl.
- * I have taken 000 hours of _____ leave from _____ to _____, during this period.
 - * Quarters and/or meals were furnished me as follows: _____

Date 19 _____ Signature or self-applied No. of Payee _____

Approved for payment _____ Signature: _____ Title _____

I CERTIFY that the above payment has been made to the individual whose number appears above.
 Signature of P.O. making Payment _____

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.
- * Not required if payment is in accordance with Washington authorization.
- ** Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No.
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
NAME ON RECORD OF PAYEE CHESTER G. WOHLERT Position RADIO OPER TECH

Annual Rate 3021 Amt. Payable 75.00
Salary Paid in 75.00

Type Currency Rate of Exchange (Amount)
* (If amount of salary is other than as authorized by Foreign Duty Rate Sheet or other official document, explain here).

Annual Rate Amt. Payable
Quarters allowance
Cost of living allowance
Special Foreign Living allowance 1092-70% 25.20 25.20
Paid in (Amount) 100.20
Type Currency Rate of Exchange TOTAL

I CERTIFY that I have received the above amounts for the purpose and used stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)
() I am single without dependents in area.
() I am single with dependents in area.
() I am married without dependents in area.
() I am married with dependents in area
() I was in travel status from to incl.

* I have taken 44 hours of leave from to , during this period.
* Quarters and/or meals were furnished as follows:

Date 19 Signature or self-applied No. of Payee

* Approved for payment Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making Payment

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."
- ** Not required if payment is in accordance with Washington authorization.
- *** Not required if voucher is signed by payee with full pay roll name.

SECRET No. 73
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 21 Dec 46 to 8 Feb 47
NAME OR NUMBER OF PAYEE ANDREW M. WOOD Position MSG CTR CHIEF

| | Annual Rate | Am't. Payable |
|---------------|------------------|---------------|
| Salary | \$ 3397.20 | 175.00 |
| Paid in | | 175.00 |
| Type Currency | Rate of Exchange | (Amount) |

REMARKS: (If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).

| | Annual Rate | Am't. Payable |
|----------------------------------|------------------|---------------------|
| Quarters allowance | | |
| Cost of living allowance | | |
| Special Foreign Living allowance | \$ 1092.70% | 45.00 |
| Paid in | | 45.00 |
| Type Currency | Rate of Exchange | (Amount) |
| | | TOTAL 220.00 |

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be receiving any other source.

- I FURTHER CERTIFY that (indicate by "X" statements applicable)
- I am single without dependents in area.
 - I am single with dependents in area.
 - I am married without dependents in area.
 - I am married with dependents in area.
 - I was in travel status from _____ to _____ incl.

- I have taken 28 hours of sick leave from 20 Jan 47 to 23 Jan 47 during this period.
- Quarters/and/or meals were furnished as follows: _____

Approved for payment _____
Signature _____ Title _____

I CERTIFY that the above payment has been made to the individual whose number appears above.
Signature of P.C. making Payment _____

- If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."
- Not required if payment is in accordance with Washington authorization.
- Not required if voucher is signed by payee with full pay roll name.

SECRET No. 74

VOUCHER FOR PAYMENT OF INDIVIDUAL PAY FROM FEB 47
FOR QUARTERS AND COST OF LIVING ALLOWANCES
EVELYN D. ANDREWS CLERK

Period of this Voucher: From _____ to _____

NAME OR NUMBER OF PAYEE _____ Position _____

2644.80 203.44
Annual Rate Amt. Payable 203.44

Pay _____ \$
Type Currency Rate of Exchange (Amount)
Special (If amount of salary is other than as authorized by Foreign Duty Station
Secret or other official document, explain here).

Quarters allowance 1062.70 @ 25.20 = 25.20
Cost of living allowance _____
Special Foreign Living allowance _____ 228.64
Paid in _____
Type Currency Rate of Exchange (Amount)
TOTAL _____

I CERTIFY that I have received the above amount for the purpose and used
stated and that I have not been nor will I be reimbursed from any other source.

- I Further CERTIFY that (indicate by "X" statements applicable)
- () I am single without dependents in area.
 - () I am single with dependents in area.
 - () I am married without dependents in area.
 - () I am married with dependents in area.
 - () I was in travel status from _____ to _____ incl.

- I have taken _____ hours of _____ leave from _____
to _____, during this period.
- Quarters and/or meals were furnished as follows: _____

cc _____
Signature or self-applied No. of Payee

Approved for payment _____
Signature

I certify that the above information has been
made on behalf of the individual whose name
is typed above and that a copy of this
voucher and the individual's SS number
has been forwarded to the Bureau.
Receipt will be forwarded to Washington for
attachment as soon as practicable.

I CERTIFY that the above payment has been made to the individual whose SS number
appears above.

Signature of P.C. making payment

- If no leave was taken or if quarters and/or meals were not furnished during
period, write "None" in blanks.
- Not required if payment is in accordance with Washington authorization.
- Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET

No. _____

VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
No./OR QUARTERS - 1947 OF LIVING ALLOWANCE 8 Feb 47

Period of this Voucher: From JOHN E. ARRINGTON to CLERK TYPIST

NAME OR NUMBER OF PAYEE _____ Position _____

Amount Payable 75.00

Type _____
in _____
Type Currency Rate of Exchange (Amount)
* (If amount of salary is other than as authorized by Foreign Duty Station
Sancet or other official document, explain here).

| | Annual Rate | Amnt. Payable | |
|----------------------------------|------------------|---------------|--------|
| Quarters allowance | 1002-70% | 25.20 | |
| Cost of living allowance | | | 25.20 |
| Special Foreign Living allowance | | | |
| Paid in | | | 100.20 |
| Type Currency | Rate of Exchange | (Amount) | TOTAL |

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- I am single without dependents in area.
- I am single with dependents in area.
- I am married without dependents in area.
- I am married with dependents in area
- I was in travel status from _____ to _____ incl.

- * I have taken _____ hours of _____ leave from _____ to _____, during this period.
- * Quarters and/or meals were furnished me as follows: _____

Signature or self-applied No. of Payee

Approved for payment _____
Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making Payment

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."
- ** Not required if payment is in accordance with Washington authorization.
- *** Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 76
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47

NAME OR NAME OF PAYEE PAUL R. BROWN Position EDITORIAL ANALYST

| | Annual Rate | Am't. Payable | |
|---------------|------------------|---------------|----------|
| Pay | \$ 4149.60 | 319.20 | 319.20 |
| aid in | | | (Amount) |
| Type Currency | Rate of Exchange | | |

(If amount of salary is other than as authorized by Foreign Duty Station or other official document, explain here).

| | Annual Rate | Am't. Payable | |
|----------------------------------|------------------|---------------|---------------------|
| Quarters allowance | | | |
| Cost of living allowance | | | |
| Special Foreign Living allowance | \$ 1592 | 122.46 | 122.46 |
| aid in | | | (Amount) |
| Type Currency | Rate of Exchange | | |
| | | | TOTAL 441.66 |

I CERTIFY that I have received the above amount for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- I am single without dependents in area.
- I am single with dependents in area.
- I am married without dependents in area.
- I am married with dependents in area.
- I was in travel status from _____ to _____ incl.

* I have taken _____ hours of _____ leave from _____ to _____, during this period.

* Quarters and/or meals were furnished me as follows: _____

Signature or self-applied No. of Payee _____

Approved for payment _____
 Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making payment _____

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."
- ** Not required if payment is in accordance with Washington authorization.
- *** Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. _____
**VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
 AND/OR EXPENSE AND COST OF LIVING ALLOWANCES**

Period of this Voucher: From 12 Jan 47 to 8 Feb 47

NAME OR NUMBER OF PAYEE WILLIAM A. COATES Position _____

| | | | |
|------------------|-------------|--------------|--------------|
| | Annual Rate | Amt. Payable | |
| Pay in _____ | 4149.60 | 120.00 | |
| Type Currency | | | 120.00 (amt) |
| Rate of Exchange | | | |

(If amount of salary is other than as authorized by Foreign Duty Sheet or other official document, explain here).

| | | | |
|----------------------------------|-------------|--------------|--------------|
| | Annual Rate | Amt. Payable | |
| Quarters allowance | _____ | _____ | |
| Cost of living allowance | _____ | _____ | |
| Special Foreign Living allowance | _____ | _____ | |
| Paid in _____ | 1894-70% | 29.40 | |
| Type Currency | | | 29.40 (amt) |
| Rate of Exchange | | | TOTAL 149.40 |

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "*" statements applicable)

- () I am single without dependents in area.
- () I am single with dependents in area.
- () I am married without dependents in area.
- () I am married with dependents in area.
- () I was in travel status from _____ to _____ incl.

- * I have taken _____ hours of _____ leave from _____ to _____ during this period.
- * Quarters and/or meals were furnished me as follows: _____

at _____ 19 ____.

Signature or self-applied No. of Payee _____

Approved for payment _____

Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of F.O. making Payment

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."
- ** Not required if payment is in accordance with Washington authorization.
- *** Not required if voucher is signed by payee with full pay roll name.

SECRET No. _____
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES 78

Period of this Voucher: From _____ to _____

NAME OR NUMBER OF PAYEE _____ Position _____
 12 Jan 47 26 Feb 47

WILLIE MAY GUNNICK _____
 Annual Rate Amt. Payable CLARK

Pay _____
 Paid in _____
 Type Currency Rate of Exchange _____
 If amount of salary is other than as authorized by _____
 Sheet or other official document, explain here. _____

| | Annual Rate | Amt. Payable | |
|----------------------------------|---------------|------------------|----------|
| Quarters allowance | _____ | _____ | |
| Cost of living allowance | _____ | _____ | |
| Special Foreign Living allowance | _____ | _____ | |
| Paid in _____ | Type Currency | Rate of Exchange | (Amount) |
| | | 1092-70% | 25.20 |
| | | | TOTAL |
| | | | 25.20 |

I CERTIFY that I have received the above amount for the purpose and under the conditions stated and that I have not been nor will I be reimbursed from any other source. 100.20

- I FURTHER CERTIFY that (indicate by "X" statements applicable)
- I am single without dependents in area.
 - I am single with dependents in area.
 - I am married without dependents in area.
 - I am married with dependents in area.
 - I was in travel status from _____ to _____ inclusive.
- * I have taken _____ hours of _____ leave from _____ to _____ during this period.
 - * Quarters and/or meals were furnished me as follows: _____

Date _____ 19 ____
 Signature or self-applied No. of Payee _____

Approved for payment _____
 Signature Title

I CERTIFY that the above payment has been made to the individual whose name and number appears above.
 Signature of P.C. making Payment _____

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."
- ** Not required if payment is in accordance with Washington authorization.
- *** Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. _____
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCE

Period of this Voucher: From _____ to _____
 NAME OR NUMBER OF SERVICE _____ 12 Jan 47 _____ Position: 8 Feb 47

PAID BY: DEBRA D _____ CHIEF, BERLIN UNIT
 Annual Rate Amt. Payable

Salary _____
 Paid in _____
 Type Currency Rate of Exchange 7102.20 546.32 (Amount)
 (If amount of salary is other than as authorized by Foreign Service Act or other official document, explain here).

| | | | |
|----------------------------------|---------------|----------------------|------------------------|
| | Annual Rate | Amt. Payable | |
| Quarters allowance | _____ | _____ | |
| Cost of living allowance | _____ | _____ | |
| Special Foreign Living allowance | _____ | _____ | |
| Paid in _____ | Type Currency | Rate of Exchange 820 | 140.00 (Amount) 140700 |

I CERTIFY that I have received the above amount for the purpose and use stated and that I have not been nor will I be reimbursed from any other source. 686.32
 I FURTHER CERTIFY that (indicate by "X" statements applicable)
 I am single without dependents in area.
 I am single with dependents in area.
 I am married without dependents in area.
 I am married with dependents in area.
 I was in travel status from _____ to _____ incl.
 * I have taken _____ hours of _____ leave from _____ to _____, during this period.
 * Quarters and/or meals were furnished me as follows: _____

Date _____ 19 _____ Signature or self-applied No. of Payee _____

Approved for payment _____ Signature _____ Title _____

I CERTIFY that the above payment has been made to the individual whose name appears above.
 Signature of P.O. making payment _____

* If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.
 ** Not required if payment is in accordance with Washington authorization.
 *** Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 80
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47

NAME OR NUMBER OF PAYEE WALLACE W. ERWIN Position INFIL OFFICER

| | | | |
|---|----------------|------------------|---------------|
| | Annual Rate | Amt. Payable | |
| Salary ----- | <u>4149.60</u> | <u>100.00</u> | <u>100.00</u> |
| paid in _____ | Type Currency | Rate of Exchange | (Amount) |
| REMARKS: (If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here). | | | |

| | | | |
|--|-----------------|------------------|----------------------------|
| | Annual Rate | Amt. Payable | |
| Quarters allowance ----- | ----- | ----- | |
| Cost of living allowance ----- | ----- | ----- | |
| Special Foreign Living allowance ----- | <u>1274-70%</u> | <u>29.40</u> | <u>29.40</u> |
| paid in _____ | Type Currency | Rate of Exchange | (Amount) |
| | | | TOTAL <u>129.40</u> |

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- I am single without dependents in area.
- I am single with dependents in area.
- I am married without dependents in area.
- I am married with dependents in area.
- I was in travel status from _____ to _____ incl.

* I have taken _____ hours of _____ leave from _____ to _____, during this period.

* Quarters and/or meals were furnished me as follows: _____

Date _____ 19____ Signature or self-applied No. of Payee _____

Approved for payment _____ Signature _____ Title _____

I CERTIFY that the above payment has been made to the individual whose name appears above.

Signature of P.O. making Payment

If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.

Not required if payment is in accordance with Washington authorization.

Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 81
**VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES**

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
NAME OR NUMBER OF PAYEE ERMA R. HEIKEMAN Position CLERK STENO

Annual Rate Amt. Payable

2770.20 100.00
100.00
Type Currency Rate of Exchange (Amount)
(If amount of salary is other than as authorized by Foreign Duty Station or other official document, explain here).

Annual Rate Amt. Payable

Quarters allowance
Cost of living allowance
Special Foreign Living allowance 1052-70% 25.20
aid in 25.20
Type Currency Rate of Exchange (Amount)
TOTAL 125.20

I CERTIFY that I have received the above amount for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.
I further CERTIFY that (indicate by "X" statements applicable)
 I am single without dependents in area.
 I am single with dependents in area.
 I am married without dependents in area.
 I am married with dependents in area.
 I was in travel status from to incl.
* I have taken hours of leave from to , during this period.
* Quarters and/or meals were furnished as follows:
 to .
Signature or self-applied No. of Payee

Approved for payment Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.
Signature of F.O. making Payment

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.
- ** Not required if payment is in accordance with Washington authorization.
- *** Not required if voucher is signed by payee with full pay roll name.

SECRET No. _____
VOUCHER FOR PAYMENT OF FOREIGN DUTY AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From _____ to 82

NAME OR NUMBER OF PAYEE _____ Position _____

12 Jan 47 8 Feb 47

HEINRICH REUSSER (Payee Name) **Art. Payable**

Type Currency _____ Rate of Exchange _____ (Amount) _____
 (If amount of salary is other than as authorized by Foreign Duty D-
 Sheet or other official document, specify in blank) 150.00

| | Annual Rate | Am. Payable |
|----------------------------------|-------------|-------------|
| Quarters allowance | _____ | _____ |
| Cost of living allowance | _____ | _____ |
| Special Foreign Living allowance | _____ | _____ |
| aid in _____ | _____ | _____ |

Type Currency _____ Rate of Exchange 1520-708 (Amount) 42.00
TOTAL _____

I CERTIFY that I have received the above amount for the purpose and period stated and that I have not been nor will I be reimbursed from any other source 42.00

I further CERTIFY that (indicate by "X" statements applicable)

- I am single without dependents in area.
- I am single with dependents in area.
- I am married without dependents in area.
- I am married with dependents in area.
- I was in travel status from _____ to _____ incl.

- * I have taken _____ hours of _____ leave from _____ to _____, during this period.
- * Quarters and/or meals were furnished as follows: _____

_____ 19 _____
 Signature or self-applied No. of Payee

Approved for payment _____
 Signature Title

I CERTIFY that the above payment has been made to the individual whose name appears above.

 Signature of P.C. making Payment

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blank".
- ** Not required if payment is in accordance with Washington authorization.
- *** Not required if voucher is signed by payee with full pay roll name.

SECRET No. _____
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR ALLOWANCES AND COST OF LIVING ALLOWANCES

83

Period of this Voucher: From _____ to _____

DATE OF RECEIPT OF PAY: 12 Jan 47 Position 8 Feb 47

GEORGE C. SWANSON
 Annual Rate Amt. Payable

Type Currency Rate of Exchange 2644.80 75.00 (Amount)
 (If amount of salary is other than as authorized by Payroll Sheet or other official document, explain here). 75.00

| | | |
|----------------------------------|--------------------------------|-----------------------|
| Quarters allowance | Annual Rate | Amt. Payable |
| Cost of living allowance | _____ | _____ |
| Special Foreign Living allowance | _____ | _____ |
| aid in | _____ | _____ |
| Type Currency | Rate of Exchange <u>92-70%</u> | <u>25.20</u> (Amount) |
| | | <u>25.20</u> |

I CERTIFY that I have received the above amount for the purpose and stated and that I have not been nor will I be reimbursed from any other source.

- I further CERTIFY that (indicate by "X" statements applicable)
- () I am single without dependents in area.
 - () I am single with dependents in area.
 - () I am married without dependents in area.
 - () I am married with dependents in area.
 - () I was in travel status from _____ to _____ incl.

- I have taken _____ hours of _____ leave from _____ to _____, during this period.
- Quarters and/or meals were furnished as follows: _____

_____ 10 _____
 Signature or self-applied No. of Payee

Approved for payment _____
 Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

 Signature of P.O. making Payment

- If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."
- ** Not required if payment is in accordance with Washington authorization.
- *** Not required if voucher is signed by payee with full pay roll name.

SECRET No. 04
VOUCHER FOR PAYMENT OF DOMESTIC PAY RATE
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47

Name of Member of D.Y.M. MICHAEL L. KAPLAN Position JA INTELL OFFICER

Annual Rate Amt. Payable
 Salary \$ 4525.80 None
 aid in None
 Type Currency Rate of Exchange None
 (If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).

Annual Rate Amt. Payable
 Quarters Allowance \$
 Cost of living allowance \$
 Special Foreign Living allowance \$ 274.70 29.40
 aid in
 Type Currency Rate of Exchange 29.40
 (Amount)
 TOTAL 29.40

I **CERTIFY** that I have received the above amount for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I **CERTIFY** that (indicate by "X" statements applicable)
 I am single without dependents in area.
 I am single with dependents in area.
 I am married without dependents in area.
 I am married with dependents in area
 I was in travel status from to inc.:

* I have taken hours of leave from to during this period.
 * Quarters and/or meals were furnished me as follows:

Date 19 Signature or self-applied No. of Payee

Approved for payment Signature Title

I **CERTIFY** that the above payment has been made to the individual whose number appears above.

Signature of P.O. making Payment

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."
- ** Not required if payment is in accordance with Washington authorization.
- *** Not required if voucher is signed by exec with full pay roll name.

SECRET

SECRET No. 85
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY RATE
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47

Name of Member of Service JOANN W. MCWISTON Position RESEARCH ANALYST

| | | |
|---|------------------------|--------------|
| | Annual Rate | Amt. Payable |
| Pay in _____ | \$ <u>3397.20</u> | <u>75.00</u> |
| Type Currency _____ | Rate of Exchange _____ | <u>75.00</u> |
| (If amount of salary is other than as authorized by Foreign Duty Station or other official document, explain here). | | |

| | | |
|--|------------------------|----------------------------|
| | Annual Rate | Amt. Payable |
| Quarters allowance _____ | \$ _____ | \$ _____ |
| Cost of living allowance _____ | \$ _____ | \$ _____ |
| Special Foreign Living allowance _____ | \$ <u>1092.70%</u> | <u>25.20</u> |
| aid in _____ | Rate of Exchange _____ | <u>25.20</u> |
| | | (Amount) |
| | | TOTAL <u>100.20</u> |

I CERTIFY that I have received the above amount for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- () I am single without dependents in area.
- () I am single with dependents in area.
- () I am married without dependents in area.
- () I am married with dependents in area.
- () I was in travel status from _____ to _____ incl.

* I have taken _____ hours of _____ leave from _____ to _____, during this period.

* Quarters and/or meals were furnished as follows: _____

_____, 19____
Signature or self-applied No. of Payee

Approved for payment _____
Signature

I certify that the above endorsement has been made in duplicate and that the original is typed and the duplicate is typed and forwarded along with this voucher and that the original is retained in the file and the duplicate is forwarded to Washington for attachment as soon as practicable.

I CERTIFY that the above payment has been made in accordance with the above vouchers above.

Signature of P.C. making Payment

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."
- ** Not required if payment is in accordance with Washington authorization.
- *** Not required if voucher is signed by payee with full pay roll name.

SECRET No. _____
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From _____ to _____

NAME OR NUMBER OF PAYEE 12 Jan 47 Position Feb 47

LOUISA VITKOFF CLERK

Annual Rate Amt. Payable

Basic Pay
 Type Currency Rate of Exchange 270.20 50.00 (Amount)
 (If amount of salary is other than as authorized by Pay Roll Order or
 Secret or other official document, explain here.) 50.00

| | | |
|----------------------------------|---------------|--|
| | Annual Rate | Amt. Payable |
| Quarters Allowance | _____ | _____ |
| Cost of Living Allowance | _____ | _____ |
| Special Foreign Living Allowance | _____ | _____ |
| Paid in | Type Currency | Rate of Exchange <u>92-70%</u> <u>25.20</u> (Amount) <u>25.20</u> |

I CERTIFY that I have received the above amounts for the purpose and amount stated and that I have not been nor will I be reimbursed from any other source.

- I FURTHER CERTIFY that (indicate by "X" statements applicable)
- () I am single without dependents in area.
 - () I am single with dependents in area.
 - () I am married without dependents in area.
 - () I am married with dependents in area.
 - () I was in travel status from _____ to _____ incl.

- * I have taken _____ hours of _____ leave from _____ to _____, during this period.
- * Quarters and/or meals were furnished me as follows: _____

Signature or self-applied No. of Payee _____

Approved for payment _____
 Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making Payment _____

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."
- ** Not required if payment is in accordance with Cashier's authorization.
- *** Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 87
**VOUCHER FOR PAYMENT OF INDIVIDUAL TAX ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES**

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
NAME OR NUMBER OF PAYEE EVELYN K. OFFERS Position CLERK

Annual Rate Amt. Payable

of ----- \$ 2770.20 75.00
and in ----- 75.00
Type Currency Rate of Exchange (Amount)
* (If amount of salary is other than as authorized by Foreign Duty Station or other official document, explain here).

Quarters allowance Annual Rate Amt. Payable
Cost of living allowance " " "
Special Foreign Living allowance 1092-70% 25.20
Paid in ----- 25.20
Type Currency Rate of Exchange (Amount)
TOTAL 100.20

I CERTIFY that I have received the above amount for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

- I FURTHER CERTIFY that (indicate by "X" statements applicable)
- () I am single without dependents in area.
 - () I am single with dependents in area.
 - () I am married without dependents in area.
 - () I am married with dependents in area.
 - () I was in travel status from _____ to _____ incl.

* I have taken _____ hours of _____ leave from _____ to _____, during this period.
* Quarters and/or meals were furnished me as follows: _____

to _____ 19 ____ Signature or self-applied No. of Payee

Approved for payment _____
Signature Title

I CERTIFY that the above payment has been made to the individual whose name appears above.

Signature of P.C. making Payment

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."
- ** Not required if payment is in accordance with Washington authorization.
- *** Not required if voucher is signed by payee with full pay roll name.

SECRET No. 88
**VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES**

Period of this Voucher: From 12 Jan 47 to 8 Feb 47

NAME OR NUMBER OF PAYEE THOMAS POLGAR Position JR INTELL OFFICER

| | | |
|--|-------------------|------------------|
| | Annual Rate | Amt. Payable |
| Salary | \$ <u>4140.60</u> | <u>319.20</u> |
| Said in | Type Currency | Rate of Exchange |
| | | <u>319.20</u> |
| (If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here). | | |

| | | |
|----------------------------------|--------------------|----------------------------|
| | Annual Rate | Amt. Payable |
| Quarters allowance | \$ _____ | \$ _____ |
| Cost of living allowance | \$ _____ | \$ _____ |
| Special Foreign Living allowance | \$ <u>1274.70%</u> | <u>29.40</u> |
| Said in | Type Currency | Rate of Exchange |
| | | <u>29.40</u> |
| | | (Amount) |
| | | TOTAL <u>348.60</u> |

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

- I FURTHER CERTIFY that (indicate by "X" statements applicable)
- () I am single without dependents in area.
 - () I am single with dependents in area.
 - () I am married without dependents in area.
 - () I am married with dependents in area.
 - () I was in travel status from _____ to _____ incl.

* I have taken _____ hours of _____ leave from _____ to _____, during this period.

* Quarters and/or meals were furnished me as follows: _____

Date _____ 19 _____

Signature or self-applied No. of Payee

* Approved for payment

| | |
|-----------|-------|
| Signature | Title |
|-----------|-------|

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.C. making Payment

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."
- ** Not required if payment is in accordance with Washington authorization.
- *** Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET

No. 89

VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47

NAME OR NUMBER OF PAYEE MICHAEL RAJACICH Position INTELL OFFICER

| | Annual Rate | Am't. Payable |
|---------|-------------|---------------|
| Salary | 4149.60 | 50.00 |
| Paid in | | 50.00 |

Type Currency _____ Rate of Exchange _____ (Amount)
 (If amount of salary is other than as authorized by Foreign Duty Rate Sheet or other official document, explain here).

| | Annual Rate | Am't. Payable |
|--|---------------------|-----------------------|
| Quarters allowance | | |
| Cost of living allowance | | |
| Special Foreign Living allowance | 1274-70% | 29.50 |
| Paid in | | 29.40 |
| Type Currency _____ Rate of Exchange _____ | | (Amount) <u>79.40</u> |
| TOTAL | | |

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be receiving from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- I am single without dependents in area.
- I am single with dependents in area.
- I am married without dependents in area.
- I am married with dependents in area.
- I was in travel status from _____ to _____ incl.

* I have taken _____ hours of _____ leave from _____ to _____ during this period.

* Quarters and/or meals were furnished me as follows: _____

Date _____ 19____ Signature or self-assigned No. of Payee _____

Approved for payment _____ Signature _____ Title _____

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.C. making Payment _____

- * If no leave was taken or if quarters and/or meals were not furnished during the period, write "None in blanks."
- ** Not required if payment is in accordance with Washington authorization.
- *** Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. _____
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL 90
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
 Name of Member of Payroll A DREW J. BITTNER Position EDITORIAL ANALYST

| | | |
|----------------------|------------------------|--------------|
| | Annual Rate | Amt. Payable |
| Salary paid in _____ | 3397.20 | 153.24 |
| Type Currency _____ | Rate of Exchange _____ | (153.24%) |

(If amount of salary is other than as authorized by Foreign Duty Sheet or other official document, explain here).

| | | |
|--|------------------------|--------------|
| | Annual Rate | Amt. Payable |
| Quarters allowance _____ | _____ | _____ |
| Cost of living allowance _____ | _____ | _____ |
| Special Foreign Living allowance _____ | _____ | _____ |
| aid in _____ | 1092-70% | 25.20 |
| Type Currency _____ | Rate of Exchange _____ | (25.20%) |

TOTAL
173.44

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- () I am single without dependents in area.
- () I am single with dependents in area.
- () I am married without dependents in area.
- () I am married with dependents in area.
- () I was in travel status from _____ to _____ incl.

* I have taken _____ hours of _____ leave from _____ to _____, during this period.

* Quarters and/or meals were furnished me as follows: _____

Date _____ 19____ Signature or self-applied No. of Payroll _____

Approved for payment _____
 Signature _____ Title _____

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.C. making Payment _____

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."
- ** Not required if payment is in accordance with Washington authorization.
- *** Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 61
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVED ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47

NAME OR NUMBER OF PAYEE T. DAVID REEVAL Position INTELL OFFICER

| Salary | Annual Rate | Amt. Payable |
|---------------------|------------------------|--------------------------|
| aid in _____ | \$ <u>4902</u> | <u>92.30</u> |
| Type Currency _____ | Rate of Exchange _____ | <u>92.30</u> (Amount) |

REMARKS: (If amount of salary is other than as authorized by Foreign Duty Post Sheet or other official document, explain here).

| Quarters allowance | Annual Rate | Amt. Payable |
|----------------------------------|---------------------|--------------------------|
| Cost of living allowance | _____ | _____ |
| Special Foreign Living Allowance | \$ <u>1274-70%</u> | <u>29.40</u> |
| aid in _____ | Type Currency _____ | Rate of Exchange _____ |
| | | <u>29.40</u> (Amount) |
| | | TOTAL 121.70 |

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- () I am single without dependents in area.
- () I am single with dependents in area.
- () I am married without dependents in area.
- (X) I am married with dependents in area.
- () I was in travel status from _____ to _____ incl.

* I have taken _____ hours of _____ leave from _____ to _____, during this period.

* Quarters and/or meals were furnished as follows: _____

to _____ 10 _____ Signature or self-applied No. of Payee _____

Approved for payment _____ Signature _____ Title _____

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.C. making Payment

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."
- * Not required if payment is in accordance with Washington authorization.
- * Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 92
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVED ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47

NAME OR NUMBER OF PAYEE PETER M. F. SICHEL Position INTELL OFFICER

| | Annual Rate | Am't. Payable | |
|--|---------------|------------------|---------------------|
| Salary | \$ 5905.20 | 69.23 | 69.23 |
| paid in _____ | Type Currency | Rate of Exchange | (Amount) |
| NOTE: (If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here). | | | |
| Quarters allowance | Annual Rate | Am't. Payable | |
| Cost of living allowance | | | |
| Special Foreign Living allowance | 1456.70% | 33.60 | 33.60 |
| paid in _____ | Type Currency | Rate of Exchange | (Amount) |
| | | | TOTAL 102.83 |

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "x" statements applicable)

- I am single without dependents in area.
- I am single with dependents in area.
- I am married without dependents in area.
- I am married with dependents in area.
- I was in travel status from _____ to _____ incl.

* I have taken _____ hours of _____ leave from _____ to _____, during this period.

* Quarters and/or meals were furnished me as follows: _____

Date _____ 19____ Signature or self-applied No. of Payee _____

Approved for payment _____ Signature _____ Title _____

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.C. making Payment _____

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."
- * Not required if payment is in accordance with Washington authorization.
- * Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 93
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY BILL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47

NAME OR NAME OF P.Y. FREDERICK J. STALDER Position INTEL OFFICER

| | | |
|---------------|-------------------|---------------|
| | Annual Rate | Amt. Payable |
| Salary | <u>\$ 5278.20</u> | <u>100.00</u> |
| paid in _____ | | <u>100.00</u> |
| Type Currency | Rate of Exchange | (Amount) |

(If amount of salary is other than as authorized by Foreign Duty & Travel Regulations or other official document, explain here).

| | | |
|----------------------------------|------------------|----------------------------|
| | Annual Rate | Amt. Payable |
| Quarters allowance | _____ | _____ |
| Cost of living allowance | _____ | _____ |
| Special Foreign Living allowance | <u>1274.70%</u> | <u>29.40</u> |
| paid in _____ | | <u>29.40</u> |
| Type Currency | Rate of Exchange | (Amount) |
| | | TOTAL <u>129.40</u> |

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source. I affirm CERTIFY that (indicate by "X" statements applicable)

- I am single without dependents in area.
- I am single with dependents in area.
- I am married without dependents in area.
- I am married with dependents in area.
- I was in travel status from _____ to _____ incl.

* I have taken _____ hours of _____ leave from _____ to _____, during this period.

* Quarters and/or meals were furnished me as follows: _____

Signature or self-applied No. of Payee: _____

Approved for payment: _____
Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.C. making payment

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."
- * Not required if payment is in accordance with Washington authorization.
- * Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 94
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
 ON NUMBER OF P.M. MAY STANIER Position _____

Annual Rate Amt. Payable
4902 none none
 Type Currency Rate of Exchange (Amount)
 (If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).

| | | | |
|----------------------------------|------------------|---------------|---------------------|
| Quarters allowance | Annual Rate | Amt. Payable | |
| Cost of living allowance | | | |
| Special Foreign Living allowance | <u>1592</u> | <u>132.67</u> | |
| Aid in | | | <u>132.67</u> |
| Type Currency | Rate of Exchange | | (Amount) |
| | | | TOTAL 132.67 |

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

- I FURTHER CERTIFY that (indicate by "X" statements applicable)
- I am single without dependents in area.
 - I am single with dependents in area.
 - I am married without dependents in area.
 - I am married with dependents in area.
 - I was in travel status from _____ to _____ incl.

* I have taken _____ hours of _____ leave from _____ to _____, during this period.
 * Quarters and/or meals were furnished me as follows: _____

Exec _____ 19 ____ Signature or self-applied No. of Payee

Approved for payment _____ Signature _____ Title _____

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making Payment

- If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."
 * Not required if payment is in accordance with Washington authorization.
 * Not required if voucher is signed by payee with full pay roll name.

SECRET No. 108THAVM/108THAVM/108THAVM 95
 VOUCHER FOR PAYMENT OF INDIVIDUAL PAY RATE
 AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47

NAME OR NUMBER OF S.Y.C. DOROTHY STEVENS Position CLERK STENO

| | Annual Rate | Am. Payable |
|--|------------------|-------------|
| Salary | \$ 3021 | 50.00 |
| In | | 50.00 |
| Type Currency | Rate of Exchange | (any amt) |
| * (If amount of salary is other than as authorized by Foreign Duty Rate Sheet or other official document, explain here). | | |

| | Annual Rate | Am. Payable |
|----------------------------------|------------------|--------------------|
| Travel allowance | | |
| Cost of living allowance | | |
| Special Foreign Living allowance | * 1092-70% | 25.20 |
| Aid in | | 25.20 |
| Type Currency | Rate of Exchange | (Amount) |
| | | TOTAL 75.20 |

I CERTIFY that I have received the above amount for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- I am single without dependents in area.
- I am single with dependents in area.
- I am married without dependents in area.
- I am married with dependents in area.
- I was in travel status from _____ to _____ incl.

* I have taken _____ hours of _____ leave from _____ to _____, during this period.

* Quarters and/or meals were furnished me as follows: _____

For _____ 19 _____ Signature or self-applied No. of Payee

Approved for payment _____ Signature _____ Title _____

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making Payment

- If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.
- * Not required if payment is in accordance with Washington authorization.
 - * Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 96
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47

NAME OR NUMBER OF DUTY HENRY C. SIMON Position SR INTELL OFFICER

| | |
|---------------------|---------------------------------|
| | Annual Rate Amt. Payable |
| \$ <u>5005.20</u> | <u>109.24</u> |
| In _____ | <u>109.24</u> |
| Type Currency _____ | Rate of Exchange _____ (Amount) |

(If amount of salary is other than as authorized by Foreign Duty or Secret or other official document, explain here).

| | |
|--|---------------------------------|
| | Annual Rate Amt. Payable |
| Quarters allowance _____ | \$ _____ |
| Cost of living allowance _____ | \$ _____ |
| Special Foreign Living allowance _____ | <u>33.60</u> |
| Aid in _____ | \$ _____ |
| Type Currency _____ | Rate of Exchange _____ (Amount) |
| | TOTAL <u>142.84</u> |

I CERTIFY that I have received the above amounts for the purpose and tried listed and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- () I am single without dependents in area.
- () I am single with dependents in area.
- () I am married without dependents in area.
- () I am married with dependents in area.
- () I was in travel status from _____ to _____ incl.

• I have taken _____ hours of _____ leave from _____ to _____, during this period.

• Quarters and/or meals were furnished as follows: _____

_____ 19____ Signature or self-applied No. of Payee

Approved for payment _____ Signature _____ Title _____

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.C. making Payment

If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.

- Not required if payment is in accordance with Washington authorization.
- Not required if voucher is signed by payee with full pay roll name.

SECRET No. 57
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY RATE
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
 Roll Call Number of Payee LOTTE HELFENDER Position RESEARCH ANALYST

| | | | |
|---------------|-------------------|---------------|---------------|
| | Annual Rate | Ant. Payable | |
| ..... | \$ <u>2544.80</u> | <u>203.44</u> | |
| in _____ | | | <u>203.44</u> |
| Type Currency | Rate of Exchange | | (Amount) |

(If amount of salary is other than as authorized by Foreign Duty Sheet or other official document, explain here).

| | | | |
|----------------------------------|--------------------|-----------------|----------------------------|
| | Annual Rate | Ant. Payable | |
| Quarters allowance | \$ _____ | \$ _____ | |
| Cost of living allowance | \$ _____ | \$ _____ | |
| Special Foreign Living allowance | \$ <u>1062.754</u> | \$ <u>25.20</u> | |
| Aid in _____ | | | <u>25.20</u> |
| Type Currency | Rate of Exchange | | (Amount) |
| | | | TOTAL <u>228.64</u> |

I CERTIFY that I have received the above amounts for the purpose and used stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

() I am single without dependents in area.
 () I am single with dependents in area.
 () I am married without dependents in area.
 () I am married with dependents in area
 () I was in travel status from _____ to _____ incl.

* I have taken _____ hours of _____ leave from _____ to _____, during this period.
 * Quarters and/or meals were furnished me as follows: _____

_____ 10 _____
 Signature or self-applied No. of Payee

Approved for payment _____
 Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

 Signature of P.C. making Payment

If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.
 * Not required if payment is in accordance with Washington authorization.
 * Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. _____
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES **98**

Period of this Voucher: From _____ to _____

DATE ON WHICH OF PAYE _____ Position _____
 12 Jan 47 8 Feb 47

ROTH M. WOODS Annual Rate Amt. Payable **CLEVER**

Pay _____
 of in _____
 Type Currency _____ Rate of Exchange _____ (Amount)
 (If amount of salary is other than as authorized by _____
 Sheet or other official document, explain here) _____

| | Annual Rate | Amt. Payable | (Amount) |
|--|-------------|--------------|-------------|
| Quarters allowance | _____ | _____ | _____ |
| Cost of living allowance | _____ | _____ | _____ |
| Special Foreign Living allowance | _____ | _____ | _____ |
| Paid in _____ | _____ | _____ | _____ |
| Type Currency _____ Rate of Exchange _____ | 1092-70% | 25.20 | TOTAL 25.20 |

I CERTIFY that I have received the above amount for the purpose and use stated and that I have not been nor will I be reimbursed from any other source. **20**

- I FURTHER CERTIFY that (indicate by "X" statements applicable)
- I am single without dependents in area.
 - I am single with dependents in area.
 - I am married without dependents in area.
 - I am married with dependents in area.
 - I was in travel status from _____ to _____ incl.

- * I have taken 140 hours of _____ leave from _____ to _____, during this period.
- * Quarters and/or meals were furnished me as follows: _____

to _____ 19 _____
 Signature or self-applied No. of Payee _____

Approved for payment _____
 Signature _____ Title _____

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.C. Making Payment _____

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.
- ** Not required if payment is in accordance with Washington authorization.
- *** Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 99
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR ALLOWANCES AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
NAME OR NUMBER OF PAYEE JAN FELDY LIBICH Position FIELD REP

Annual Rate 7341.60 Amt. Payable none
in none
Type Currency Rate of Exchange (Amount)
(If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).

TDY 60 days. TO BE PAID SUBSEQUENT PAYROLL.

Annual Rate Amt. Payable
Travel allowance 1456-70% none
Cost of living allowance none
Total Foreign Living allowance none
in none
Type Currency Rate of Exchange (Amount)
TOTAL

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- I am single without dependents in area.
- I am single with dependents in area.
- I am married without dependents in area.
- I am married with dependents in area.
- I was in travel status from 12/1-23/1/47 to 4/2-8/2/47 incl.

* I have taken _____ hours of _____ leave from _____ to _____, during this period.

* Quarters and/or meals were furnished as follows: _____

Signature or self-applied No. of Payee

Approved for payment _____
Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making Payment

If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.
Not required if payment is in accordance with Washington authorization.
Not required if voucher is signed by payee with full pay roll name.

SECRET No. 100
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47

ON BEHALF OF J.A.C. CATHERINE E. RIGGBER Position ADMIN ASST

Annual Rate Amt. Payable
Salary \$ 3522.60 none
is in _____ none
Type Currency Rate of Exchange (Amount)

(If amount of salary is other than as authorized by Foreign Duty Rate Sheet or other official document, explain here).

TRY 60 DAYS. TO BE PAID SUBSEQUENT PAYROLL

| | | |
|----------------------------------|------------------|--------------|
| Quarters allowance | Annual Rate | Amt. Payable |
| Cost of living allowance | _____ | _____ |
| Special Foreign Living allowance | <u>1092-702</u> | <u>none</u> |
| is in _____ | _____ | <u>none</u> |
| Type Currency | Rate of Exchange | (Amount) |
| TOTAL | | |

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- I am single without dependents in area.
- I am single with dependents in area.
- I am married without dependents in area.
- I am married with dependents in area.
- I was in travel status from 12/1-28/1/47 to 4/2/-8/2/47 incl.

* I have taken _____ hours of _____ leave from _____ to _____, during this period.

* Quarters and/or meals were furnished me as follows: _____

Signature or self-applied No. of Payee _____

Approved for payment _____
Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.C. making Payment _____

If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."
Not required if payment is in accordance with Washington authorization.
Not required if voucher is signed by payee with full pay roll name.

SECRET

POSTING VOUCHER

DATE: 19 February 1947

VOUCHER NO. 391

TYPE OF
FUNDS: _____ AMOUNT: _____ RATE: _____ VALUE IN TERMS OF
PRINCIPAL CURRENCY _____

PURPOSE: _____

DESCRIPTION: Advance made to C. Lewis in Swiss Francs - Repaid in
Scrip.

| | DR. | CR. | POSTING INITIALS |
|-------------------------------|-------|--------------------|---------------------|
| CASH INVENTORY | 46.64 | Sw.Fcs.200 (46.64) | |
| ADVANCES: _____ (Name) | | | |
| TRANSFERS: _____ (Station) | | | |
| COMMODITIES | 46.64 | 46.64 | |
| EXCHANGE | | | |
| MISCELLANEOUS RECEIPTS: | | | |
| EXPENSE | | | |
| OTHER ACCOUNTS | | | |
| SETTLE | | | |

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POSTING VOUCHER

DATE: 28 February 1947

VOUCHER NO. 392

TYPE OF FUNDS: _____ AMOUNT: _____ RATE: _____ VALUE IN TERMS OF PRINCIPAL CURRENCY _____

OFFICE: _____

DESCRIPTION: Entry to revalue 3,230.90 Swiss Francs on hand to new rate of .233645 from .2332. Additional accountability picked up herewith.

| | DR. | CR. | POSTING INITIALS |
|---|------|------|------------------|
| \$ Value of Swiss Franc Acct. C////////// | 1.43 | | |
| ADVANCES: _____ (NAME) | | | |
| TRANSFERS: _____ (STATION) | | | |
| CONVERSIONS | | | |
| EXCHANGE | | | |
| Exchange Equalization DISCRIPTIONS AND NOTES: | | 1.43 | |
| OTHER ACQUISITIONS | | | |
| TOTAL | | | |

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