

PURCHASE ORDER, RECEIVING REPORT AND VOUCHER
ORDEN DE COMPRA, DECLARAÇÃO DE RECEBIMENTO E FATURA

(For use in Foreign Countries only)

(Para uso fora dos Estados Unidos da América)

D. O. Vou. No. 12840

Bu. Vou. No.

Purchase Order No.
Ordem de Compra No.

Dept. of State

U.S.

Date Rio de Janeiro, Brazil - June 9, 1971THIS DOCUMENT PREPARED AT
Documento preparado em

(Place) (Local)

(Date) (Data)

PURCHASER THE UNITED STATES GOVERNMENT, DR.

Comprador O Governo dos Estados Unidos da América, Diretor

SELLER (PAYEE)

Vendedor (Recebedor)

ADDRESS OF SELLER

Rio de Janeiro, Brazil

PAID BY

JOHN G. KAPTAIN
U.S.D.O.
American Embassy
Rio de Janeiro, Brazil
Symbol, 6299

JUN 18 1971

Order is hereby placed with the above-named seller for the articles or services described below, to be furnished to

Esta Ordem de Compra é apresentada ao vendedor acima mencionado para os artigos ou serviços descritos abaixo a serem fornecidos a

AT	Quantity Quantidade	Unit Price Preço Unitário		Amount Quantia
		Cost Preço	Per Por	
Articles or Services Artigos ou Serviços				
Representation expenses as per attachments:-				
				CR\$235,00 plus US\$135,00
(Use continuation sheet(s) if necessary)				
1910545 4106				CR\$235,00 plus US\$135,00
R-1/71 310600				
110/2582				
Total of Order Total da Ordem de Compra		CR\$235,00 plus US\$135,00		
Amount billed, as per attached		US\$135,00		
Differences		CR\$235,00 plus US\$135,00		
Amount verified correct for		US\$135,00		

(Signature of Receiving Officer)

Title

CR\$235,00 or \$ 44.76

Approved for \$ 179.76

CR\$5.25 \$1.00

Exchange rate to

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

6/14/71

Joseph Fernandez,
Budget & Management Officer
Title

/de

ACCOUNTING CLASSIFICATION

Appropriation Symbol	Amount	Allotment Symbol	Obligation Number	Amount
1910545 4106 R-1/71 310600 110/2582 106				\$ 179.76

(Here state in detail the nature of the emergency or circumstances under which the

Check No. 33659 dated 19 19 19 260950

Paid by

Cash \$

APPROVAL

(SEE REVERSE SIDE) (Vide Reverso)

(Title of Payee)

DECLASSIFIED
Authority NND 5332

1910545 4106 R- /71 310600 /2582 106

In the future it is requested that
guest list be sent in 3 copies.

PURCHASE ORDER, RECEIVING REPORT AND VOUCHER
 ÓRDEM DE COMPRA, DECLARAÇÃO DE RECEBIMENTO E FATURA

(For use in Foreign Countries only)

(Para uso fora dos Estados Unidos da América)

D. O. Vou. No. 12840

Ba. Vou. No.

Purchase Order No.
 Ordem de Compra No.

Dept. of State

U. S.

Date of Purchase (Departamento ou Estabelecimento) Rio de Janeiro, Brazil - June 9, 1971

THIS DOCUMENT PREPARED AT

Documento preparado em

(Place) (Local)

(Date) (Data)

PURCHASER THE UNITED STATES GOVERNMENT, DR.

Comprador O Governo dos Estados Unidos da América, Distrito

SELLER (PAYEE)

Vendedor (Recebedor)

ADDRESS OF SELLER

Endereço do Vendedor

CONTRACT NO.

Contrato No.

dated

datado

PAID BY

JOHN G. KAPTAIN
 U. S. D. O.
 American Embassy
 Rio de Janeiro, Brazil
 Symbol, 6299

JUN 18 1971

Order is hereby placed with the above-named seller for the articles or services described below, to be furnished to

Esta Ordem de Compra é apresentada ao vendedor acima mencionado para os artigos ou serviços descritos abaixo a serem fornecidos a

ITEM Nos. Itens Nos.	ARTICLES OR SERVICES Artigos ou Serviços	Quantity Quantidade	Unit Price Preço Unitário		Amount Quantia
			Cost Preço	Per Por	
	Representation expenses as per attachment:-				CR\$235,00 plus US\$135,00

(Use continuation sheet(s) if necessary)

1910545 4106 R-1/71 310600 110/2582	Availability of Funds	Total of Order Total da Ordem de Compra	CR\$235,00 plus US\$135,00
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I certify that the ordered items listed were received on
 (Date) , except as follows:

PAYMENT:

Amount billed, as per attached

Complete

Differences

Partial

Amount verified correct for

Final

(Signature or initials)

(Signature of Receiving Officer)

Title

CR\$235,00 or \$ 44.76
 Approved for \$ 179.76
 CR\$5.25 \$1.00

Exchange rate

to

Pursuant to authority vested in me, I certify that

this voucher is correct and proper for payment.

6/14/71

Joseph Fernandez,
 Budget & Management Officer

Title

ACCOUNTING CLASSIFICATION				
Appropriation Symbol	Amount	Allotment Symbol	Obligation Number	Amount
1910545 4106 R-1/71 310600 110/2582 106				\$ 179.76

DECLASSIFIED

Authority NND 5332

Check No. 33659 dated 1971 for \$ 260950

Paid by

Cash \$ 1.00

APPROVAL

(SEE REVERSE SIDE) (Vide Reverso)

(Title of Payee)

1910545 4106 R- /71 310600 /2582 106

IMPORTANT NOTICE TO SELL
AVISO IMPORTANTE AO VENDEDOR

1. The entering office is exempt from taxes.
A parte que apresenta o pedido está isenta de taxas.

2. The invoices must be submitted in two copies. The following certificate must be duly signed on the original only:

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

As faturas devem ser apresentadas em duplicata. Somente o original do certificado deve ser assinado na seguinte maneira:

Certifico que a presente fatura está justa e exata e que o pagamento da mesma não foi efetuado.

3. The order number shown in the upper right hand corner of this purchase order must be shown on your invoices.

E favor mencionar em suas faturas o número da ordem de compra indicado no lado direito da parte superior desta Ordem.

4. All communications concerning this order must refer to order number and be addressed to the originating office.

Todas as referências à presente Ordem de compra devem indicar o número da mesma e serem endereçadas a este escritório.

5. Discount terms, if any, must be shown on all bills.

Condições de desconto, se existentes, deverão aparecer em todas as contas.

APPLICABLE TO ORIGINATING OFFICE ONLY:
ESTA PARTE CONCERNE AO ESCRITÓRIO PEDIDO.

METHOD OF OR ABSENCE OF ADVERTISING

METHOD OF ADVERTISING

1. Advertising in newspapers Yes No
2. (a) Advertising by circular letters sent to dealers. Yes No
- (b) And by notices posted in public plates Yes No

(If notices were not posted in addition to advertising by circular letters sent to dealers, explanation of such omission must be made below.)

ABSENCE OF ADVERTISING

3. Without advertising, under an exigency of the service which existed prior to the order and would not admit of the delay incident to advertising.
4. Without advertising in accordance with
5. Without advertising, it being impracticable to secure competition because of

(Here state in detail the nature of the exigency or circumstances under which the securing of competition was impracticable under 3 and 4)

NOTE: - The above form "Method of or Absence of Advertising" is to be used when purchases are made or services secured under proper authority without written agreement in any form. In case of a written agreement (formal contract, proposal, and acceptance, or less agreement) Standard Form No. 1036 - Revised should be used for abstracting the nature and absence of advertising and award of contract. (See General Regulations No. 51, as

DECLASSIFIED
Authority NND 5332

Reimbursement requested for: Cr\$ _____ or US\$ 135.00

Date of Function: May 29, 1971

Type of Function: Reception _____
Dinner _____
Luncheon _____
Cocktails X _____
Other _____

Location : Residence X _____
Restaurant _____
Other _____

Purpose : Promotion of U.S. National interests X _____
Protection of U.S. Citizen's interests _____
Promotion of economic activities _____
Commemorative and ceremonial requirements _____

Guests of Honor : See attached guest list X _____
See below: _____
Names _____ Titles _____
Participants of the Fifth Seminar in
Comparative Law

Receipts : Not required _____
See attached _____
Not available: See certificate below _____

I certify that receipt was not furnished for the
following reasons:

Signature

Certificate

: I certify that the above amount is correct and
just and that reimbursement has not been made;
and that no prohibited items are included.
I also certify that I bought cruzeiros at the
exchange rate of Cr\$ _____ to \$1.00. Therefore,
dollar reimbursement is requested.

Signature

Title

APPROVAL

: _____
Chief of Section

DISTRIBUTION OFFICER

1910545

4106

R-

/71

310600

/2582

DECLASSIFIED
Authority NND 5332

Reimbursement requested for: Cr\$ 20.00 or US\$ 3.88

Date of Function: June 9, 1971

Type of Function: Reception _____
Dinner _____
Luncheon _____
Cocktails _____
Other _____

Charity Event sponsored by the Governor's Wife

Location : Residence _____
Restaurant _____
Other Brasilia

Purpose : Promotion of U.S. National interests X
Protection of U.S. Citizen's interests _____
Promotion of economic activities _____
Commemorative and ceremonial requirements _____

Guests of Honor : See attached guest list _____
See below: _____ Titles
Names _____

Receipts : Not required _____
See attached X
Not available: See certificate below _____
I certify that receipt was not furnished for the following reasons:

Signature

Certificate

: I certify that the above amount is correct and just and that reimbursement has not been made; and that no prohibited items are included. I also certify that I bought cruzeiros at the exchange rate of Cr\$ _____ to \$1.00. Therefore, dollar reimbursement is requested.

Signature

Title

APPROVAL

: Chief of Section

DISTRIBUTION OFFICER

191

1910545

4105

R-

/71

310500

/2582

105

DECLASSIFIED
Authority NND 5332

Reimbursement requested for: Cr\$ 200,00 or US\$

Date of Function: May 21, 1971

Type of Function: Reception
Dinner
Luncheon
Cocktails
Other CHARITY BALL (Ambulatório Praia do Pinto)

Location : Residence
Restaurant
Other British Ambassador's Residence

Purpose : Promotion of U.S. National interests X
Protection of U.S. Citizen's interests
Promotion of economic activities
Commemorative and ceremonial requirements

Guests of Honor : See attached guest list
See below:
Names Titles

Receipts : Not required X
See attached
Not available: See certificate below

I certify that receipt was not furnished for the following reasons:

Signature

Certificate : I certify that the above amount is correct and just and that reimbursement has not been made; and that no prohibited items are included. I also certify that I bought cruzeiros at the exchange rate of Cr\$ to \$1.00. Therefore, dollar reimbursement is requested.

Signature

Title

APPROVAL : Chief of Section

DISTRIBUTION OFFICER

1910545 4105 R- /71 310600 /2582 105

Reimbursement requested for: Cr\$ 15.00 or US\$ _____

Date of Function: March 15, 1971

Type of Function: Reception _____
Dinner _____
Luncheon _____
Cocktails _____
Other CHARITY TEA

Location : Residence _____
Restaurant _____
Other Associação Cristã Feminina do Rio de Janeiro.

Purpose : Promotion of U.S. National interests X
Protection of U.S. Citizen's interests _____
Promotion of economic activities _____
Commemorative and ceremonial requirements _____

Guests of Honor : See attached guest list _____
See below: _____
Names _____ Titles _____

Receipts : Not required _____
See attached X
Not available: See certificate below _____

I certify that receipt was not furnished for the following reasons:

Signature

Certificate : I certify that the above amount is correct and just and that reimbursement has not been made; and that no prohibited items are included. I also certify that I bought cruzeiros at the exchange rate of Cr\$ _____ to \$1.00. Therefore, dollar reimbursement is requested.

Signature

Title

APPROVAL

: _____
Chief of Section

DISTRIBUTION OFFICER

1910545

4106

R-

/71

310600

/2582

106