Form approved by, Comptroller General, U.S. March 19, 1953

PURCHASE ORDER, RECEIVING REPORT AND VOUCHER

(For use in foreign countries only)

D.O. Vou. No. 15189

Bu. Vou. No. 201

Department or Establishment: U.S. Department of State - Consulate

Purchase Order No.

Prepared at (place): Belém, Pará, Brazil (date): May 21, 1968

PAID BY

BETTY A PEYTON
U. S. D. O.
American Embassy
Rio de Janeiro, Brazil
Symbol, 6292

Purchaser: THE UNITED STATES GOVERNMENT, DR

Seller (Payee): Louis P. Coelz - American Consul

Address of seller: c/o American Consulate, Belém, Pará, Brazil

CONSULATE OF THE UNITED STATES OF AMERICA

Contract No. (dated)

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

to at JUN 0 7 REC'D JUN 3 - 1968

ITEM NOS.	ARTICLES OR SERVICES	QUANTITY	UNIT PRICE Cost	UNIT PRICE Per	AMOUNT
5/21/68 5/18/68	Representation expenses incurred (BELEM, PARA, BRAZIL) given at Consular Residence in honor of Maj General and Mrs. Chester Johnson to promote US National interests. No caterer was used. The guests were: see attached list. Expenses: Service / Food / Drinks (NCR$35.60 or	US$ 11.13 +			NCR$20,00 15,60 US$ 17.00
	I certify that I purchased cruzeiros on the freemarket at the rate of NCR$3,20 to the dollar for which dollar reimbursement is requested. I also certify that the above amount is correct and just and that reimbursement has not been made; and that no prohibited [illegible] incurred.				US$28.13
	(Use continuation sheet(s) if necessary)			TOTAL	US$28 13

Louis P. Coelz
Consul

Ordering Officer (Signature)

Name: Louis P. Coelz
Title: Distribution Officer

Approp. 1980545
Allot. 4106
Obl. No. R-11/68
Amt. 310600

Funds Available:

Name:
Title:

I certify that the ordered items listed were received on _____ (date) except as follows:

Signature

Name:
Title:

PAYMENT:

- ☐ Complete
- ☐ Partial
- ☐ Final

Amount billed, as per attached bill(s): Disallowed due to insufficient funds US$28 13

Differences:

Amount verified correct for: -0- US$28xxx

Prepayment Audit (Signature or initials)

Approved for $ -0-

Exchange rate to $

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

Signature of Authorized Certifying Officer

Name: Joseph Fernandez,
Title: Budget & Management Officer

/dd

ACCOUNTING CLASSIFICATION

Fund	Allotment	Oblig. No.	Paying Office	Date Paid	Object	Amount
1980545	4106	R-11/68	310600	410/2582	106	-0-

PAID BY

Check No. dated 19 , for $ on Treasurer of United States.

Check No. dated JUN 3 - 1968 19 , for on

Cash on JUN 3 - 1968 , 19

Payee

Title of Payee:

FORM 9 - 65 FS-455

Form approved by
Comptroller General, U.S.
March 19, 1953

PURCHASE ORDER, RECEIPT AND VOUCHER
(For use in foreign countries only)

Department or Establishment: U.S. Department of State - Consulate

Purchase Order

Prepared at (place): Belém, Pará, Brazil — (date): May 21, 1968

PAID BY

Purchaser: THE UNITED STATES GOVERNMENT, DR.

Seller (Payee): Louis P. Goelz - American Consul

Address of seller: c/o American Consulate, Belém, Pará, Brazil

Contract No. (dated)

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

to — at

ITEM NOS.	ARTICLES OR SERVICES	QUANTITY	UNIT PRICE Cost	UNIT PRICE Per	AMOUNT
~~5/21/68~~ 5/18/68	Representation expenses incurred for reception given at Consular Residence in honor of Maj General and Mrs. Chester Johnson to promote US National interests. No caterer was used. The guests were: see attached list.				
	Expenses: Service / Food / Drinks				NCR$20,00 / 15,60 / US$ 17,00
	I certify that I purchased cruzeiros on the freemarket at the rate of NCR$3,20 to the dollar for which dollar reimbursement is requested. I also certify that the above amount is correct and just and that reimbursement has not been made; and that no prohibited items are included.				

(Use continuation sheet(s) if necessary)

Ordering Officer (Signature)
Name: Louis P. Goelz
Title: Distribution Officer

Approp.
Allot.
Obl. No.
Amt.

Funds Available: Louis P. Goelz, Consul
Name:
Title:

TOTAL

I certify that the ordered items listed were received on ______ (date) except as follows:

Signature
Name:
Title:

PAYMENT:
☐ Complete
☐ Partial
☐ Final

Amount billed, as per attached bill(s)
Differences
Amount verified correct for
Prepayment Audit (Signature or initials)

Approved for $

Exchange rate to $

Pursuant to authority vested in me, I certify this voucher correct and proper for payment.
Signature of Authorized Certifying Officer
Name:
Title:

ACCOUNTING CLASSIFICATION

Fund	Allotment	Oblig. No.	Paying Office	Date Paid	Object	Amount

PAID BY
Check No. dated , 19 , for $ on Treasurer of United States.
Check No. dated , 19 , for on
Cash on , 19 — Payee
Title of Payee:

FORM FS-455
9-65