CONSULATE COPY

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. 11148

Bu. Vou. No. 135

Purchase Order No.

Department or Establishment: U.S. DEPARTMENT OF STATE - CONSULATE

Prepared at (place): Belém, Brazil (date): February 16, 1968

Purchaser: THE UNITED STATES GOVERNMENT, DR.

Seller (Payee): Louis P. Goelz - Consul

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

Contract No. (dated)

BETTY A. PEYTON
PAID BY
U.S. D.O.
American Embassy
Rio de Janeiro

CONSULATE OF THE UNITED STATES
MAR 5 REC'D

BELEM, PARA, BR. MAR 4 1968

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	Per	AMOUNT
2/4/1968	Representation expenses incurred for dinner given at Consular Residence in honor of Mr. & Mrs. Robert Avery, PC/Brazil to promote US National interests. The guests were: see attached list.				
	Food :				US$14 00
	Drinks:				US$ 8 50
	Service:				US$ 2 00
	I certify that I purchased cruzeiros on the free market 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. Louis P. Goelz Consul				

Use continuation sheet(s) if necessary

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

Approp. 1980545
Allot. 4106
Obl. No. R-11/68
Amt. 310600 410/2589

Funds Available:
Name:
Title:

TOTAL US$24 50

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 US$ 24 50
Prepayment Audit (Signature or initials)

Approved for US$24.50

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

/de

ACCOUNTING CLASSIFICATION

Fund	Allotment	Oblig. No.	Paying Office	Date Paid	Object	Amount
1980545	4106	R-11/68	310600	410/2589	106	US$ 24.50

PAID BY
Check No. dated , 19 , for $ on Treasurer of United States.
Check No. dated , 19 , for on
Cash on , 19
Payee X Lou Goelz
Title of Payee: X Consul

FORM FS-455
9 - 65

File Copy

...by
...General, U.S.
...9, 1953

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

D.O. Vou. No.

Bu. Vou. No. 135

Purchase Order No.

Department or Establishment: U.S. DEPARTMENT OF STATE - CONSULATE

Prepared at (place): Belém, Brazil (date): February 16, 1968

PAID BY

Purchaser: THE UNITED STATES GOVERNMENT, DR.

Seller (Payee): Louis P. Goelz - Consul

Address of seller: c/o American Consulate, Belém, 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
2/4/1968	Representation expenses incurred for dinner given at Consular Residence in honor of Mr.& Mrs.Robert Avery, PC/Brazil to promote US National interests.				
	The guests were: see attached list.				
	Food & ~~drinks~~:				US$14 00
	Drinks:				US$ 8 50
	Service:				US$ 2 00
	I certify that I purchased cruzeiros on the free market 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): Louis P. Goelz

Name: Distribution Officer

Title:

Approp.

Allot.

Obl. No.

Amt.

Funds Available: Louis P. Goelz Consul

Name:

Title:

TOTAL US$24 50

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