

VOUCHER FOR PAYMENT OF AWARDS CERTIFIED BY THE MIXED  
CLAIMS COMMISSION, UNITED STATES AND GERMANY  
OR THE FOREIGN CLAIMS SETTLEMENT COMMISSION  
OF THE UNITED STATES or for the payment of accounts divested  
under Title II of the International Claims Settlement Act of 1949, as amended.  
DEPARTMENT OF THE TREASURY

RETURN TO: \_\_\_\_\_

FINANCIAL MANAGEMENT SERVICE  
DEPARTMENT OF THE TREASURY  
3700 EAST-WEST HIGHWAY, RM 6F03  
FOREIGN CLAIMS SECTION  
HYATTSVILLE, MD 20782

NAME AND ADDRESS OF PAYEE  
\_\_\_\_\_

Docket or Claim No. \_\_\_\_\_ Claim of \_\_\_\_\_ \$ \_\_\_\_\_

International Claims Settlement Act of 1949, as amended

Title II of the War Claims Act of 1948, as amended

The Settlement of War Claims Act of 1928, as amended

NOTICE

FINES, PENALTIES, AND FORFEITURES AND IMPOSED BY LAW FOR MAKING OF FALSE OR FRAUDULENT  
CLAIMS AGAINST THE UNITED STATES OR MAKING OF FALSE STATEMENTS IN CONNECTION THEREWITH.  
(31 U.S.C.231, 18 U.S.C. 1001)

STATEMENT

I state that I am personally entitled, or duly authorized on behalf of the estate, partnership or corporation which is  
entitled, to make claim for and to receive the award (share) payment described on this voucher in the following  
capacity, and I hereby make claim for such payment.

\_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Taxpayer Identification Number / SSN is required to make payment : \_\_\_\_\_

APPROPRIATION: 20X6314

Date \_\_\_\_\_ Paid by Check No. & Symbol \_\_\_\_\_ Schedule No. \_\_\_\_\_ on United States Treasury in favor of payee named above.