

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.