

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



BUREAU OF THE  
**Fiscal Service**  
LEAD. TRANSFORM. DELIVER.

RETURN TO:

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

NAME OF PAYEE \_\_\_\_\_

ADDRESS \_\_\_\_\_

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: \_\_\_\_\_

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