Standard Form 1034 Revised October 1987 Department of the Treasury 1 TFM 4-2000	1 October 1987 PUBLIC VOUCHER FOR PURCHASES AND sent of the Treasury SERVICES OTHER THAN PERSONAL							VOUCHER NO. 000016
Centers for Medica	re & Medicaid Se	SHMENT AND LOCATION ervices		DATE VOUCHE Feb 1,2023				SCHEDULE NO.
OFM/Division of Ac P.O. Box 7520 Baltimore, MD 212	· ·			CONTRACT NU 75FCMC18 Jun 20,2021 REQUISITION N 75FCMC19	D0047		PAID BY	
PAYEE'S MAME M	ax ID 042239742 he MITRE Corpo lail Stop N655 515 Colshire Dr.	2 / DUNS 040540304 oration	CLIN 000	03 (b)(4)				DATE INVOICE RECEIVED
ADDRESS	lcLean, VA 2210	2			ı			DISCOUNT TERMS NET 30
								PAYEE'S ACCOUNT NUMBER
SHIPPED FROM TO WEIGHT								GOVERNMENT B/L NUMBER
NUMBER AND DATE OF DELIVERY OR OF ORDER DATE OF ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply SERVICE Schedule and other information deemed necessary) TITY COST PER							PRICE	AMOUNT
	From For Detail, see SF 1035 Continuation Sheet claimed transferred from page 1 SF 1035 Jan 1,2022 To June 19,2022 Payment Terms: 30 NET							
(Use continuation sheet PAYMENT:	(s) if necessary) APPROVED FOR	(Payee must N	OT use the EXCHANGE RA	-	v) DIFFERENCES		TOTAL	(b)(4)
PROVISIONAL COMPLETE	BY 2	=\$		(b)(4)				
PARTIAL FINAL	TITLE			-	Amount ver	rified; correct fo	or payment	
Pursuant to authority ve	sted in me, I certify th	hat this voucher is correct and proper for	r payment.					
(Date)		·	Certifying Officer) JNTING CLA		N			(Title)
P CHECK NUMBER A I D		ON ACCOUNT OF U.S.	TREASURY	СНЕСК NUMBE	ER OI	N (Name of Ba	ink)	
B CASH Y		DATE		PAYEE 3				
When stated in foreign If the ability to certify a the approving officer v	ary; otherwise	PER						
When a voucher is recorporate name, as well	ceipted in the name of	a company or corporation, the name of the phich he signs, must appear. For example: "			TITLE			

Page 2 redacted for the following reason:

Standard Form 1034 Revised October 1987 Department of the Treasury 1 TFM 4-2000			PUBLIC VOUCHER FOR SERVICES OTHER T			VOUCHER NO. 000029			
u. s. department, bu Department of Hea				Oct 18,202		ED		SCHEDULE NO.	
Centers for Medica OFM/Division of Ad P.O. Box 7520 Baltimore, MD, US 21207-0520	cctg	aid Servic	es	CONTRACT NU 75FCMC18 Sep 12,2019 REQUISITION I 75FCMC19	JMBER AND SD0047 9 NUMBER AN			PAID BY	
PAYEE'S T NAME N AND 7:	NAME Mail Stop N655 AND 7515 Colshire Dr. ADDRESS McLean, VA 22102								
SHIPPED FROM TO WEIGHT								GOVERNMENT B/L NUMBER	
NUMBER AND DATE OF ORDER OF ORDER DATE OF DELIVERY OR (Enter description, item number of contract or Federal supply SERVICE Schedule and other information deemed necessary) TITY COST PER								AMOUNT	
_	Fro Aug 29 To Oct 02	m ,2022 o ,2022	schedule, and other information deemed necessary For Detail, see SF 1035 Continuation She Amount claimed transferred from page 1.5 Cost Reimbursable Provisional Payment Terms: 30 NET (Payee must NOT use the EXCHANGE RA	eet Total SF 1035	DIFFERENC		TOTAL	(b)(4)	
PROGRESS ADVANCE	TITLE				(Signature o		JI payment		
Pursuant to authority ve	sted in me, I c	ertify that th	nis voucher is correct and proper for payment.						
(Date)			(Authorized Certifying Officer, ACCOUNTING CLA		NAI .			(Title)	
P CHECK NUMBER			ON ACCOUNT OF U.S. TREASURY	CHECK NUMBI	ER 	ON (Name of Ba	nk)		
B CASH Y \$			DATE	PAYEE 3					
the approving officer v When a voucher is rec	and authority to will sign in the s eceipted in the n well as the capa	approve are space provide ame of a com city in which h	combined in one person, one signature only is necess ad, over his official title. npany or corporation, the name of the person writing the he signs, must appear. For example: "John Doe Comp	he company or	PER TITLE				

Page 4 redacted for the following reason:

Revised October 1987 Department of the Treasury CEDVICES OTHER THAN DEPOCAMAL								INVOICE N 1178163	O.				
1	TFM 4-2000			SERVICES OTHER	X III	AN PER	30	INAL					
	s. DEPARTMENT, BUI Centers for Medica					ате vouch Мау 14,202		REPARED			SCHEDULE I	NO.	
1	Centers for Medica		d Servic	es	co	ONTRACT NU	JMBE	R AND DA	TE		PAID BY		
	DFM/Division of Ac P.O. Box 7520	cig				5FCMC18)47					
ı	Baltimore, MD 2120	07-0520				ep 26,2023					1		
						EQUISITION N 5FCMC19			ATE				
					'`	or Civic 19	1 00	25					
	Т	ax ID 042239	9742 / DI	UNS 040540304	·								
	PAYEE'S	he MITRE Co	orporatio	n				'			DATE INVOICE	CE RECEIVED	
NAME Mail Stop N655													
	ADDRESS	515 Colshire									DISCOUNT T	ERMS	
	M I	cLean, VA 2	2102					i			NET 30		
											PAYEE'S AC	COUNT NUMBE	ER
L													
SHIPPED FROM TO WEIGHT									GOVERNMEI	NT B/L NUMBE	R		
	NUMBER AND DATE	DATE C DELIVERY	OR	ARTICLES OR SERVICES (Enter description, item number of contract of		al supply	(QUAN-		PRICE		AMOUNT	
OF ORDER SERVICE				schedule, and other information deemed	d necess	sary)		TITY	COST	PER			(1)
From				CLIN 0008: (b)(4)									
		Apr 1,20)24	I certify that all payments requested	are for	r							
To appropriate purposes and in accord													
		Apr 28,2	024	contract.									
			- 1	(b)(6)									
				Manager, Accounts Receivable									
				Manager, Accounts Necelvable									
Ι`	Jse continuation sheet			(Payee must NOT use						TOTAL		(b)(4)
P	AYMENT:	APPROVED FO	R	=\$	SE RATE	(b)(4)	DIFF	ERENCES					
		BY 2		· ·		(5)(4)							
	COMPLETE PARTIAL												
	FINAL PROGRESS	TITLE						Amount ver nature or in	rified; correct fo	or payment			
	ADVANCE						(0.9.						
P	ursuant to authority ve	sted in me, I cer	tify that th	is voucher is correct and proper for payment.	•								
١.													
H	(Date)			(Authorized Certifying Of ACCOUNTING		SIFICATIO	NI I				(Title)		
Г				AGGGINTING	OLAGE	<u> </u>	/11						
P				ON ACCOUNT OF U.S. TREASUR	RY CH	HECK NUMBE	ER	10	N (Name of Ba	ink)			
I													
В	CASH			DATE	PA	AYEE 3							
Y	Ş												
	When stated in foreign						F	PER					
l	the approving officer w	vill sign in the spa	ace provide										
		ell as the capacit	y in which h	npany or corporation, the name of the person writine signs, must appear. For example: "John Doe 0 y be.			ו	TITLE					

Page 6 redacted for the following reason:

Standard Form 1034 Revised October 1987 Department of the Treasury 1 TFM 4-2000 PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL								VOUCHER NO. 00007				
	s. DEPARTMENT, BUI enters for Medica					DATE VOUCH Apr 18,202		REPARED			SCHEDULE NO.	
O P	enters for Medica FM/Division of Ac .O. Box 7520 altimore, MD 2120	ectg	id Servic	es		CONTRACT NU 75FCMC18 Sep 24,2022 REQUISITION I 75FCMC19	BD00 2 NUME)47 BER AND D			PAID BY	
	Та	ax ID 04223	9742 / Dl	JNS 040540304								
	NAME M	he MITRE C lail Stop N65 515 Colshire	55	n							DISCOUNT TERMS	CEIVED
	ADDRESS	lcLean, VA 2						ı			NET 30 PAYEE'S ACCOUNT	T NIIMPED
									PATEE 3 ACCOUNT	NUMBER		
SHIPPED FROM TO WEIGHT								GOVERNMENT B/L	NUMBER			
NUMBER AND DATE DATE OF DELIVERY OR (Enter description, item number of contract or Federal supply QUAN-							PRICE	AMO	DUNT			
OF ORDER SERVICE (Enter description, item number of contract or Federal suppose schedule, and other information deemed necessary)						`	TITY	COST	PER		(1)	
		From Feb 27,2 To Apr 02,2	2023	I certify that all payment purposes and in accordance (b)(6)	ct.							
Ι`	se continuation sheet YMENT:	(s) if necessary	•	(Payee m	ust NOT use the			ERENCES		TOTAL		(b)(4)
. ^ E	_	BY ²		=\$	EXONANCE IXA	(b)(4)	 	LIKENOEO	_			
┇	FINAL	TITLE							rified; correct fo	or payment		
	ADVANCE	IIILE					(Sigi	nature or ini	itials)			
Pu -	-	sted in me, I ce	rtify that thi	is voucher is correct and pro							(TM-)	
_	(Date)				orized Certifying Officer) CCOUNTING CLA		DN				(Title)	
A I D	CHECK NUMBER					CHECK NUMBI	EK	ON	N (Name of Ba	пк)		
B Y	¢ \$			DATE		PAYEE 3						
2	If the ability to certify a the approving officer w When a voucher is rec corporate name, as we	When stated in foreign currency, insert name of currency. the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise re approving officer will sign in the space provided, over his official title. When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or orporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John minth, Secretary", or "Treasurer", as the case may be.										

Page 8 redacted for the following reason:

Standard Form 1034 Revised October 1987 Department of the Treasury 1 TFM 4-2000				VOUCHER FOR PURCHASES AND VICES OTHER THAN PERSONAL					INVOICE NO. 111116641	
u. s. department, bu Centers for Medica					Sep 12,202)		SCHEDULE NO.	
Centers for Medica OFM/Division of Ad P.O. Box 7520 Baltimore, MD 212	ectg	l Servic	es		CONTRACT NU 75FCMC18 Sep 28,2022 REQUISITION I 75FCMC19	D0047 2 NUMBER AND			PAID BY	
PAYEE'S MAME M	he MITRE Collail Stop N655	rporatio	JNS 040540304 n	CLIN 0005	(b)(4)				DATE INVOICE RECEIVED	
ADDRESS	515 Colshire [lcLean, VA 22					,			DISCOUNT TERMS NET 30	
								PAYEE'S ACCOUNT NUMBER		
SHIPPED FROM TO WEIGHT								GOVERNMENT B/L NUMBER		
NUMBER AND DATE DELIVERY OR CONTROL OF ARTICLES OR SERVICES QUAN-							PRICE	AMOUNT		
I I BELLVERT OR I (Enter description Item number of contract of Federal Supply I I						PER	(1)			
	From Jul 31,2023 I certify that all payments requested are for a purposes and in accordance with the contract Aug 27,2023 (b)(6) Manager, Accounts Receivable									
(Use continuation sheet	(s) if necessary)	Ų	(Payee must N			w)	•	TOTAL	(b)(4)	
PAYMENT:	APPROVED FOR	ł	=\$	EXCHANGE RA	(b)(4)	DIFFERENCES	s			
	BY 2		T		(5)(4)					
COMPLETE PARTIAL										
FINAL PROGRESS ADVANCE	TITLE					Amount vo	erified; correct fi	or payment		
Pursuant to authority ve	sted in me, I certi	ify that thi	is voucher is correct and proper fo	r payment.						
(Date)			·	Certifying Officer)		NI.			(Title)	
			ACCOC	<u>JNTING CLA</u>	SSIFICATIO	<u>JIN</u>				
P CHECK NUMBER A I D			ON ACCOUNT OF U.S.	. TREASURY	CHECK NUMBI	ER C	ON (Name of Ba	nnk)		
CASH Y			DATE		PAYEE 3					
 When stated in foreign If the ability to certify a 	and authority to app	prove are	combined in one person, one signatur	re only is necess	sary; otherwise	PER				
	ceipted in the name ell as the capacity	e of a com in which h	pany or corporation, the name of the le signs, must appear. For example: '			TITLE				

Page 10 redacted for the following reason:

Standard Form 1034 Revised October 1987 Department of the Treasury 1 TFM 4-2000			PUBLIC VOUCH SERVICES C						VOUCHER NO. 000012		
u. s. department, bu Centers for Medica					Jun 14,202		PARED			SCHEDULE NO.	
Centers for Medica OFM/Division of Ad P.O. Box 7520 Baltimore, MD 212	cctg	iid Servic	es		CONTRACT NU 75FCMC18 Jun 24,2021 REQUISITION N 75FCMC20	UMBER 3D004 1 NUMBE	7 ER AND D			PAID BY	
Tax ID 042239742 / DUNS 040540304 The MITRE Corporation CLIN 0002 NAME Mail Stop N655 AND 7515 Colshire Dr. ADDRESS MCLean, VA 22102 SHIPPED FROM TO WEIGHT										DISCOUNT TERMS NET 30 PAYEE'S ACCOUNT NUMBER	
SHIPPED FROM TO WEIGHT								GOVERNMENT B/L NUMBER			
NUMBER AND DATE OF ORDER DATE OF ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply SERVICE Schedule and other information deemed necessary) TITY COST PER								AMOUNT			
	Fron May 2,2 To May 29,	2022	For Detail, see SF 1035 Continuclaimed transferred from page 1 Cost Reimbursable Provisional F Terms: 30 NET	1 SF 1035	Total Amount						
(Use continuation sheet PAYMENT:	APPROVED FO	• •	(Payee must NC	OT use the			RENCES		TOTAL	(b)(4)	
COMPLETE PARTIAL	BY 2		<u></u>								
FINAL PROGRESS ADVANCE	TITLE						mount ver ature or ini	rified; correct fo	or payment		
Pursuant to authority ve	I ested in me, I ce	rtify that th	his voucher is correct and proper for	payment.							
(Date)			· · · · · · · · · · · · · · · · · · ·	Certifying Officer)						(Title)	
			ACCOUI	NTING CLA	ASSIFICATIC	<u>NC</u>					
P CHECK NUMBER A I D			ON ACCOUNT OF U.S. 1	TREASURY	CHECK NUMBE	ER	ON	N (Name of Ba	nk)		
B CASH			DATE		PAYEE 3						
the approving officer v 3 When a voucher is rec	and authority to a will sign in the sp eceipted in the na well as the capaci	approve are pace provide ame of a con city in which l	e combined in one person, one signature ed, over his official title. mpany or corporation, the name of the p he signs, must appear. For example: "J	person writing th	he company or	PE TIT	TLE				

Page 12 redacted for the following reason:

Standard Form 1034 Revised October 1987 Department of the Treasury 1 TFM 4-2000				C VOUCHER FOR PURCHASES AND RVICES OTHER THAN PERSONAL					VOUCHER NO. 000027		
u. s. department, bu Centers for Medica					Feb 1,2023				SCHEDULE NO.		
Centers for Medica OFM/Division of Ac P.O. Box 7520 Baltimore, MD 212	ectg	d Service	es		CONTRACT NU 75FCMC18 Sep 30,2020 REQUISITION I 75FCMC20	PAID BY					
PAYEE'S	he MITRE Co	rporatio	JNS 040540304 n						DATE INVOICE RECEIVED		
AND 7	lail Stop N655 515 Colshire l IcLean, VA 22	Dr.							DISCOUNT TERMS NET 30		
									PAYEE'S ACCOUNT NUMBER		
SHIPPED FROM TO WEIGHT								GOVERNMENT B/L NUMBER			
NUMBER AND DATE DATE OF DELIVERY OR (Enter description, item number of contract or Federal supply) QUAN-							PRICE	AMOUNT			
OF ORDER	SERVICE		(Enter description, item number of schedule, and other informat			TITY	COST	PER	(1)		
	Oct 31,20 To Dec 29,20										
(Use continuation sheet PAYMENT:	(s) if necessary) APPROVED FOR	?	(Payee must N	IOT use the Exchange RA		N) DIFFERENCES	;	TOTAL	(b)(4)		
		-	=\$		(b)(4)						
PROVISIONAL COMPLETE	BY ²										
PARTIAL FINAL						Amount ve	erified; correct for	or payment			
PROGRESS ADVANCE	TITLE					(Signature or in					
Pursuant to authority ve	sted in me, I cert	ify that thi	s voucher is correct and proper for	r payment.							
(Date)				Certifying Officer) JNTING CLA		NI.			(Title)		
			A0000	SINTING CLA	IOON IOATIC	7N					
P CHECK NUMBER A I D			ON ACCOUNT OF U.S.	. TREASURY	СНЕСК NUMBI	ER O	N (Name of Ba	nk)			
CASH Y			DATE		PAYEE 3						
When stated in foreign If the ability to certify a	and authority to ap	prove are	combined in one person, one signatur	re only is necess	sary; otherwise	PER					
the approving officer v When a voucher is rec corporate name, as w Smith, Secretary", or '	ceipted in the nam ell as the capacity	e of a com in which h	pany or corporation, the name of the e signs, must appear. For example: '	person writing th "John Doe Comp	ne company or pany, per John	TITLE					

Page 14 redacted for the following reason:

Standard Form 1034 Revised October 1987 Department of the Treasury 1 TFM 4-2000 SERVICES OTHER THAN PERSONAL								VOUCHER NO. 000014			
1 1	FM 4-2000			SERVICES OTHER	HAN PER	SON	AL				
ַ	s. DEPARTMENT, BUI Department of Hea	lth & Human	Service	s	Oct 18,202		PARED			SCHEDULE NO.	
1	Centers for Medica		id Servic	es	CONTRACT NO	JMBER A	AND DA	TE		PAID BY	
ı	OFM/Division of Ac P.O. Box 7520	cig			75FCMC18	3D0047	7				
ı	Baltimore, MD, US				Aug 23,202						
2	1207-0520				75FCMC21			ATE			
					/ SFCIVIC2 I	F000 I					
				UNS 040540304	001:		\neg			DATE INVOICE RECEIVED	
	PAYEE'S	ne MITRE Co ail Stop N65		on CENT O	(b)(4))				DATE INVOICE RECEIVED	
	TV-UIIL	515 Colshire								DISCOUNT TERMS	
ADDRESS McLean, VA 22102									NET 30		
							ĺ			PAYEE'S ACCOUNT NUMBER	R
SHIPPED FROM TO WEIGHT									GOVERNMENT B/L NUMBER		
	NUMBER AND DATE	DATE O		ARTICLES OR SERVICES		QU	AN-	UNIT	PRICE	AMOUNT	
OF ORDER DELIVERY OR SERVICE (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) TITY COST PER							PER		(1)		
		From		For Detail, see SF 1035 Continuation Shee							
		Aug 29,2	2022	Total Amount claimed transferred from page	9 1 SF 1035						
To C				Cost Reimbursable Provisional							
Oct 02,2022 Payment Terms: 30 NET											
				•							
(l	ا Jse continuation sheet	(s) if necessary)	(Payee must NOT use the	space below	w)	'		TOTAL	(b))(4)
P	AYMENT:	APPROVED FO	R	EXCHANGE R		DIFFER	ENCES				
l	PROVISIONAL	BY 2		=\$	(b)(4)						
	COMPLETE PARTIAL										
	FINAL	TITLE						rified; correct fo	r payment		
	ADVANCE	11122				(Signati	ure or ini	tials)			
Ρι	ırsuant to authority ve	sted in me, I cei	tify that th	is voucher is correct and proper for payment.							
-	(Date)			(Authorized Certifying Office	rl 2					(Title)	
	(Date)			ACCOUNTING CL.		DN				(Tibe)	
P A I D				ON ACCOUNT OF U.S. TREASURY	CHECK NUMB	ER	10	N (Name of Ba	nk)		
В	CASH			DATE	PAYEE 3						
Y	\$										
		ind authority to a	pprove are	combined in one person, one signature only is neces	sary; otherwise	PER	2				
	the approving officer was When a voucher is rec	vill sign in the spa eipted in the nar ell as the capacit	ace provide ne of a con y in which l	ed, over his official title. npany or corporation, the name of the person writing he signs, must appear. For example: "John Doe Com	he company or	ТІТІ	LE				

Page 16 redacted for the following reason:

Revised October 1987								VOUCHER NO. 000001			
1	FFM 4-2000			SERVICES OTHER	RTHA	AN PER	SONAL			000001	
	S. DEPARTMENT, BUI					TE VOUCHE		ED		SCHEDULE NO.	
ı	Centers for Medica Centers for Medica					or 25,2022					
1	DFM/Division of Ac		iid Sei vic			NTRACT NU		DATE	PAID BY		
ı	P.O. Box 7520	9				FCMC18	D0047				
E	Baltimore, MD 2120	07-0520				ar 1,2022				1	
						QUISITION N FCMC22		D DATE			
						J. 0111022	. 0001]	
	Та	ax ID 04223	9742 / D	UNS 040540304							
	PAYEE'S	he MITRE C	orporation	on CLIN 00	201	(b)(4)		•		DATE INVOICE REC	EIVED
PAYEE'S CLIN 0001 (b)(4) NAME Mail Stop N655											
		515 Colshire	Dr.							DISCOUNT TERMS	
	ADDRESS M	cLean, VA 2	22102							NET 30	
										PAYEE'S ACCOUNT	NUMBER
SHIPPED FROM TO WEIGHT								GOVERNMENT B/L	NUMBER		
L		DATE	OE I	ARTICLES OR SERVICES				LIMIT	PRICE	AMC	DUNT
	NUMBER AND DATE OF ORDER	DELIVER	Y OR	(Enter description, item number of contract of			QUAN- TITY		PER	AMC	
schedule, and other information deemed necessary)							COST	PER		(1)	
		Fron Mar 1,2		Firm Fixed Price - Monthly Payment So	chedule	Э					
Terms: 30 NET											
То											
		Mar 31,2	2022								
(I	ا Jse continuation sheet	(s) if necessary	<i>(</i>)	(Payee must NOT use t	the spa	ace belov	v)	'	TOTAL		(b)(4)
P	AYMENT:	APPROVED FO)R	EXCHANG	E RATE		DIFFERENC	ES _			
	PROVISIONAL	BY 2		=\$		(b)(4)					
	COMPLETE					-					
	FINAL					-		verified; correct	for payment		
	PROGRESS ADVANCE	TITLE					(Signature o	r initials)			
P	ursuant to authority ve	sted in me. I ce	rtify that th	is voucher is correct and proper for payment.							
	•	.,	, , , , , ,								
	(Date)			(Authorized Certifying Of	ficer) 2			-		(Title)	
	(/			ACCOUNTING (SIFICATIO	N				
L											
A				ON ACCOUNT OF U.S. TREASUR	Y CHE	IECK NUMBE	R	ON (Name of B	ank)		
D											
B				DATE	PA	YEE ³					
ľ	\$										
	1 When stated in foreign						PER				
	the approving officer w	vill sign in the sp	ace provide				-				
	When a voucher is rec corporate name, as we Smith, Secretary", or "	ell as the capaci	ty in which I	npany or corporation, the name of the person writing the signs, must appear. For example: "John Doe Coy be.	ng the co Company,	ompany or v, per John	TITLE				

Standard Form 1034 Revised October 1987 Department of the Treasury 1 TFM 4-2000 PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL								INVOICE NO. 1170944	
U. S. DEPARTMENT, BU Centers for Medica	are & Medicai	id Servic	ees	Apr 16,202		RED	ş	SCHEDULE NO.	
Centers for Medica OFM/Division of Ad P.O. Box 7520	cctg	d Servic	es	75FCMC18 Sep 27,202	3D0047	DATE	F	PAID BY	
Baltimore, MD 212	07-0520			REQUISITION 75FCMC22	NUMBER AN	ND DATE			
PAYEE'S	ax ID 042239 he MITRE Co fail Stop N65	orporatio	UNS 040540304 on		_	٦	Ī	DATE INVOICE RECEIVED	
AND 7515 Colshire Dr. ADDRESS McLean, VA 22102								DISCOUNT TERMS NET 30 PAYEE'S ACCOUNT NUMBER	
					_	_			
SHIPPED FROM TO WEIGHT								GOVERNMENT B/L NUMBER	
NUMBER AND DATE DATE OF DELIVERY OR (Enter description, item number of contract or Federal supply (Enter description, item number of contract or Federal supply TITY							PRICE	AMOUNT	
OF ORDER	or appropriate tract.	TITY	COST	PER	(1)				
			(b)(6) Manager, Accounts Receivable						
(Use continuation sheet PAYMENT:	t(s) if necessary APPROVED FO		(Payee must NOT use the		w) _DIFFERENC	~EQ	TOTAL	(b)(4)	
_	BY 2	K	=\$	(b)(4)	DITTEREN				
PARTIAL						. 16 1			
FINAL PROGRESS ADVANCE	TITLE				(Signature	nt verified; correct for initials)	or payment		
Pursuant to authority ve	l ested in me, I cei	tify that th	nis voucher is correct and proper for payment.						
(Date)			(Authorized Certifying Office ACCOUNTING CL		ON .			(Title)	
P CHECK NUMBER A I D			ON ACCOUNT OF U.S. TREASURY	CHECK NUMB	ER	ON (Name of Ba	nk)		
B CASH Y \$			DATE	PAYEE 3					
the approving officer v When a voucher is re-	and authority to a will sign in the space ceipted in the nar rell as the capacit	ipprove are ace provided me of a com by in which h	combined in one person, one signature only is nece ad, over his official title. npany or corporation, the name of the person writing he signs, must appear. For example: "John Doe Cor	the company or	PER TITLE				

Previous edition usable

NSN 7540-00-900-2234

Page 19 redacted for the following reason: