

**PUBLIC VOUCHER FOR PURCHASES AND  
SERVICES OTHER THAN PERSONAL**

VOUCHER NO.  
000016

U. S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION  
Centers for Medicare & Medicaid Services  
OFM/Division of Acctg  
P.O. Box 7520  
Baltimore, MD 21207-0520

DATE VOUCHER PREPARED  
Feb 1,2023

CONTRACT NUMBER AND DATE  
75FCMC18D0047  
Jun 20,2021

REQUISITION NUMBER AND DATE  
75FCMC19F0003

SCHEDULE NO.

PAID BY

PAYEE'S  
NAME  
AND  
ADDRESS

Tax ID 042239742 / DUNS 040540304  
The MITRE Corporation  
Mail Stop N655  
7515 Colshire Dr.  
McLean, VA 22102

CLIN 0003 (b)(4)

DATE INVOICE RECEIVED

DISCOUNT TERMS  
NET 30

PAYEE'S ACCOUNT NUMBER

SHIPPED FROM

TO

WEIGHT

GOVERNMENT B/L NUMBER

NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES <i>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</i>	QUAN- TITY	UNIT PRICE		AMOUNT (1)
				COST	PER	
	From  Jan 1,2022 To June 19,2022	For Detail, see SF 1035 Continuation Sheet Total Amount claimed transferred from page 1 SF 1035  Cost Reimbursable Provisional  Payment Terms: 30 NET				

(Use continuation sheet(s) if necessary)

(Payee must NOT use the space below)

TOTAL

(b)(4)

PAYMENT:

APPROVED FOR

= \$

EXCHANGE RATE

DIFFERENCES

(b)(4)

- ☐ PROVISIONAL  
☐ COMPLETE  
☐ PARTIAL  
☐ FINAL  
☐ PROGRESS  
☐ ADVANCE

BY 2

TITLE

Amount verified; correct for payment

(Signature or initials)

Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.

(Date)

(Authorized Certifying Officer) <sup>2</sup>

(Title)

**ACCOUNTING CLASSIFICATION**

P A I D  B Y	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of Bank)
	CASH	DATE	PAYEE <sup>3</sup>	

<sup>1</sup> When stated in foreign currency, insert name of currency.

<sup>2</sup> If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title.

<sup>3</sup> When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.

PER

TITLE

**PRIVACY ACT STATEMENT**

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

Page 2 redacted for the following reason:

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(b)(4)

**PUBLIC VOUCHER FOR PURCHASES AND  
SERVICES OTHER THAN PERSONAL**

VOUCHER NO.  
000029

U. S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION  
Department of Health & Human Services  
Centers for Medicare & Medicaid Services  
OFM/Division of Acctg  
P.O. Box 7520  
Baltimore, MD, US  
21207-0520

DATE VOUCHER PREPARED  
Oct 18,2022

CONTRACT NUMBER AND DATE  
75FCMC18D0047  
Sep 12,2019

REQUISITION NUMBER AND DATE  
75FCMC19F0019

SCHEDULE NO.

PAID BY

PAYEE'S  
NAME  
AND  
ADDRESS

Tax ID 042239742 / DUNS 040540304  
The MITRE Corporation  
Mail Stop N655  
7515 Colshire Dr.  
McLean, VA 22102

DATE INVOICE RECEIVED

DISCOUNT TERMS  
NET 30

PAYEE'S ACCOUNT NUMBER

SHIPPED FROM

TO

WEIGHT

GOVERNMENT B/L NUMBER

NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES <i>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</i>	QUAN- TITY	UNIT PRICE		AMOUNT (1)
				COST	PER	
	From Aug 29,2022  To Oct 02,2022	For Detail, see SF 1035 Continuation Sheet Total Amount claimed transferred from page 1 SF 1035  Cost Reimbursable Provisional  Payment Terms: 30 NET				
(Use continuation sheet(s) if necessary)				TOTAL		(b)(4)
PAYMENT:		APPROVED FOR	EXCHANGE RATE	DIFFERENCES		
<input type="checkbox"/> PROVISIONAL <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE		BY 2	= \$	(b)(4)		
		TITLE	Amount verified; correct for payment			
		(Signature or initials)				

Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.

(Date)

(Authorized Certifying Officer) <sup>2</sup>

(Title)

**ACCOUNTING CLASSIFICATION**

P A I D  B Y	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of Bank)
	CASH	DATE	PAYEE <sup>3</sup>	
	\$			

<sup>1</sup> When stated in foreign currency, insert name of currency.

<sup>2</sup> If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title.

<sup>3</sup> When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.

PER

TITLE

**PRIVACY ACT STATEMENT**

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Page 4 redacted for the following reason:

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(b)(4)

**PUBLIC VOUCHER FOR PURCHASES AND  
SERVICES OTHER THAN PERSONAL**

INVOICE NO.  
1178163

**U. S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION**

Centers for Medicare & Medicaid Services  
Centers for Medicare & Medicaid Services  
OFM/Division of Acctg  
P.O. Box 7520  
Baltimore, MD 21207-0520

**DATE VOUCHER PREPARED**

May 14,2024

**CONTRACT NUMBER AND DATE**

75FCMC18D0047

Sep 26,2023

**REQUISITION NUMBER AND DATE**

75FCMC19F0025

**SCHEDULE NO.**

**PAID BY**

**PAYEE'S  
NAME  
AND  
ADDRESS**

Tax ID 042239742 / DUNS 040540304

The MITRE Corporation

Mail Stop N655

7515 Colshire Dr.

McLean, VA 22102

**DATE INVOICE RECEIVED**

**DISCOUNT TERMS**

NET 30

**PAYEE'S ACCOUNT NUMBER**

**SHIPPED FROM**

**TO**

**WEIGHT**

**GOVERNMENT B/L NUMBER**

NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES  <i>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</i>	QUAN- TITY	UNIT PRICE		AMOUNT  (1)
				COST	PER	
	From Apr 1,2024  To Apr 28,2024	CLIN 0008: (b)(4)  I certify that all payments requested are for appropriate purposes and in accordance with the contract.  (b)(6) Manager, Accounts Receivable				
(Use continuation sheet(s) if necessary)				<b>TOTAL</b>		(b)(4)
<b>PAYMENT:</b>		<b>APPROVED FOR</b>	<b>EXCHANGE RATE</b>	<b>DIFFERENCES</b>		
<input type="checkbox"/> PROVISIONAL <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE		BY 2  <b>TITLE</b>	= \$  (b)(4)			
				Amount verified; correct for payment		
				(Signature or initials)		

Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.

(Date)

(Authorized Certifying Officer) <sup>2</sup>

(Title)

**ACCOUNTING CLASSIFICATION**

<b>P A I D  B Y</b>	<b>CHECK NUMBER</b>	<b>ON ACCOUNT OF U.S. TREASURY</b>	<b>CHECK NUMBER</b>	<b>ON (Name of Bank)</b>
	<b>CASH</b>	<b>DATE</b>	<b>PAYEE <sup>3</sup></b>	
	\$			

<sup>1</sup> When stated in foreign currency, insert name of currency.

<sup>2</sup> If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title.

<sup>3</sup> When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.

**PER**

**TITLE**

**PRIVACY ACT STATEMENT**

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

Page 6 redacted for the following reason:

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(b)(4)

**PUBLIC VOUCHER FOR PURCHASES AND  
SERVICES OTHER THAN PERSONAL**

VOUCHER NO.  
00007

**U. S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION**

Centers for Medicare & Medicaid Services  
Centers for Medicare & Medicaid Services  
OFM/Division of Acctg  
P.O. Box 7520  
Baltimore, MD 21207-0520

**DATE VOUCHER PREPARED**

Apr 18,2023

**CONTRACT NUMBER AND DATE**

75FCMC18D0047

Sep 24,2022

**REQUISITION NUMBER AND DATE**

75FCMC19F0026

**SCHEDULE NO.**

**PAID BY**

**DATE INVOICE RECEIVED**

**DISCOUNT TERMS**

NET 30

**PAYEE'S ACCOUNT NUMBER**

**PAYEE'S  
NAME  
AND  
ADDRESS**

Tax ID 042239742 / DUNS 040540304  
The MITRE Corporation  
Mail Stop N655  
7515 Colshire Dr.  
McLean, VA 22102

**SHIPPED FROM**

**TO**

**WEIGHT**

**GOVERNMENT B/L NUMBER**

NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES <small>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</small>	QUAN- TITY	UNIT PRICE		AMOUNT  (1)
				COST	PER	
	From Feb 27,2023  To Apr 02,2023	I certify that all payments requested are for appropriate purposes and in accordance with the contract.  (b)(6)  (b)(6)				
(Use continuation sheet(s) if necessary)				<b>TOTAL</b>		(b)(4)
<b>PAYMENT:</b>		<b>APPROVED FOR</b>	<b>EXCHANGE RATE</b>	<b>DIFFERENCES</b>		
<input type="checkbox"/> PROVISIONAL <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE		BY 2	= \$	(b)(4)		
		<b>TITLE</b>				
		(Signature or initials)				

Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.

(Date)

(Authorized Certifying Officer) <sup>2</sup>

(Title)

**ACCOUNTING CLASSIFICATION**

<b>P A I D  B Y</b>	<b>CHECK NUMBER</b>	<b>ON ACCOUNT OF U.S. TREASURY</b>	<b>CHECK NUMBER</b>	<b>ON (Name of Bank)</b>
	<b>CASH</b>	<b>DATE</b>	<b>PAYEE <sup>3</sup></b>	
	\$			

<sup>1</sup> When stated in foreign currency, insert name of currency.

<sup>2</sup> If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title.

<sup>3</sup> When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.

**PER**

**TITLE**

**PRIVACY ACT STATEMENT**

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

Page 8 redacted for the following reason:

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(b)(4)



**PUBLIC VOUCHER FOR PURCHASES AND  
SERVICES OTHER THAN PERSONAL**

INVOICE NO.  
111116641

**U. S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION**

Centers for Medicare & Medicaid Services  
Centers for Medicare & Medicaid Services  
OFM/Division of Acctg  
P.O. Box 7520  
Baltimore, MD 21207-0520

**DATE VOUCHER PREPARED**

Sep 12,2023

**SCHEDULE NO.**

**CONTRACT NUMBER AND DATE**

75FCMC18D0047

**PAID BY**

Sep 28,2022

**REQUISITION NUMBER AND DATE**

75FCMC19F0031

**PAYEE'S  
NAME  
AND  
ADDRESS**

Tax ID 042239742 / DUNS 040540304  
The MITRE Corporation  
Mail Stop N655  
7515 Colshire Dr.  
McLean, VA 22102

CLIN 0005 (b)(4)

**DATE INVOICE RECEIVED**

**DISCOUNT TERMS**

NET 30

**PAYEE'S ACCOUNT NUMBER**

**SHIPPED FROM**

**TO**

**WEIGHT**

**GOVERNMENT B/L NUMBER**

NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES <small>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</small>	QUAN- TITY	UNIT PRICE		AMOUNT  (1)
				COST	PER	
	From Jul 31,2023  To Aug 27,2023	I certify that all payments requested are for appropriate purposes and in accordance with the contract.  (b)(6) Manager, Accounts Receivable				
(Use continuation sheet(s) if necessary)				(Payee must NOT use the space below)		TOTAL (b)(4)
PAYMENT:		APPROVED FOR	EXCHANGE RATE	DIFFERENCES		
<input type="checkbox"/> PROVISIONAL <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE		BY 2	= \$	(b)(4)		
		Amount verified; correct for payment				
		TITLE (Signature or initials)				

Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.

(Date)

(Authorized Certifying Officer) <sup>2</sup>

(Title)

**ACCOUNTING CLASSIFICATION**

P A I D  B Y	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of Bank)
	CASH	DATE	PAYEE <sup>3</sup>	

<sup>1</sup> When stated in foreign currency, insert name of currency.

<sup>2</sup> If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title.

<sup>3</sup> When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.

PER

TITLE

**PRIVACY ACT STATEMENT**

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

Page 10 redacted for the following reason:

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(b)(4)

**PUBLIC VOUCHER FOR PURCHASES AND  
SERVICES OTHER THAN PERSONAL**

VOUCHER NO.  
000012

**U. S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION**

Centers for Medicare & Medicaid Services  
Centers for Medicare & Medicaid Services  
OFM/Division of Acctg  
P.O. Box 7520  
Baltimore, MD 21207-0520

**DATE VOUCHER PREPARED**

Jun 14,2022

**CONTRACT NUMBER AND DATE**

75FCMC18D0047

Jun 24,2021

**REQUISITION NUMBER AND DATE**

75FCMC20F0003

**SCHEDULE NO.**

**PAID BY**

**PAYEE'S  
NAME  
AND  
ADDRESS**

Tax ID 042239742 / DUNS 040540304  
The MITRE Corporation  
Mail Stop N655  
7515 Colshire Dr.  
McLean, VA 22102

CLIN 0002 (b)(4)

**DATE INVOICE RECEIVED**

**DISCOUNT TERMS**

NET 30

**PAYEE'S ACCOUNT NUMBER**

**SHIPPED FROM**

**TO**

**WEIGHT**

**GOVERNMENT B/L NUMBER**

NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES <i>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</i>	QUAN- TITY	UNIT PRICE		AMOUNT  (1)
				COST	PER	
	From May 2,2022  To May 29,2022	For Detail, see SF 1035 Continuation Sheet Total Amount claimed transferred from page 1 SF 1035  Cost Reimbursable Provisional Payment  Terms: 30 NET				
(Use continuation sheet(s) if necessary) (Payee must NOT use the space below)				TOTAL		(b)(4)

**PAYMENT:**

**APPROVED FOR**

= \$

**EXCHANGE RATE**

**DIFFERENCES**

(b)(4)

- ☐ PROVISIONAL  
☐ COMPLETE  
☐ PARTIAL  
☐ FINAL  
☐ PROGRESS  
☐ ADVANCE

BY 2

**TITLE**

Amount verified; correct for payment

(Signature or initials)

Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.

(Date)

(Authorized Certifying Officer) <sup>2</sup>

(Title)

**ACCOUNTING CLASSIFICATION**

P A I D  B Y	<b>CHECK NUMBER</b>	<b>ON ACCOUNT OF U.S. TREASURY</b>	<b>CHECK NUMBER</b>	<b>ON (Name of Bank)</b>
	<b>CASH</b>	<b>DATE</b>	<b>PAYEE <sup>3</sup></b>	

<sup>1</sup> When stated in foreign currency, insert name of currency.

<sup>2</sup> If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title.

<sup>3</sup> When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.

**PER**

**TITLE**

**PRIVACY ACT STATEMENT**

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

Page 12 redacted for the following reason:

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(b)(4)

**PUBLIC VOUCHER FOR PURCHASES AND  
SERVICES OTHER THAN PERSONAL**

VOUCHER NO.  
000027

**U. S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION**

Centers for Medicare & Medicaid Services  
Centers for Medicare & Medicaid Services  
OFM/Division of Acctg  
P.O. Box 7520  
Baltimore, MD 21207-0520

**DATE VOUCHER PREPARED**

Feb 1,2023

**CONTRACT NUMBER AND DATE**

75FCMC18D0047

Sep 30,2020

**REQUISITION NUMBER AND DATE**

75FCMC20F0005

**SCHEDULE NO.**

**PAID BY**

**PAYEE'S  
NAME  
AND  
ADDRESS**

Tax ID 042239742 / DUNS 040540304  
The MITRE Corporation  
Mail Stop N655  
7515 Colshire Dr.  
McLean, VA 22102

**DATE INVOICE RECEIVED**

**DISCOUNT TERMS**

NET 30

**PAYEE'S ACCOUNT NUMBER**

**SHIPPED FROM**

**TO**

**WEIGHT**

**GOVERNMENT B/L NUMBER**

NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES <small>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</small>	QUAN- TITY	UNIT PRICE		AMOUNT  (1)
				COST	PER	
	From Oct 31,2022  To Dec 29,2022					
				<b>TOTAL</b>		(b)(4)
<b>(Use continuation sheet(s) if necessary)</b>						
<b>PAYMENT:</b>		<b>APPROVED FOR</b>	<b>EXCHANGE RATE</b>	<b>DIFFERENCES</b>		
<input type="checkbox"/> PROVISIONAL <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE		BY 2	= \$	(b)(4)		
		Amount verified; correct for payment				
		TITLE (Signature or initials)				

Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.

(Date)

(Authorized Certifying Officer) <sup>2</sup>

(Title)

**ACCOUNTING CLASSIFICATION**

<b>P A I D  B Y</b>	<b>CHECK NUMBER</b>	<b>ON ACCOUNT OF U.S. TREASURY</b>	<b>CHECK NUMBER</b>	<b>ON (Name of Bank)</b>
	<b>CASH</b>	<b>DATE</b>	<b>PAYEE <sup>3</sup></b>	
	\$			

<sup>1</sup> When stated in foreign currency, insert name of currency.

<sup>2</sup> If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title.

<sup>3</sup> When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.

**PER**

**TITLE**

**PRIVACY ACT STATEMENT**

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Page 14 redacted for the following reason:

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(b)(4)

**PUBLIC VOUCHER FOR PURCHASES AND  
SERVICES OTHER THAN PERSONAL**

VOUCHER NO.  
000014

U. S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION  
Department of Health & Human Services  
Centers for Medicare & Medicaid Services  
OFM/Division of Acctg  
P.O. Box 7520  
Baltimore, MD, US  
21207-0520

DATE VOUCHER PREPARED  
Oct 18,2022

CONTRACT NUMBER AND DATE  
75FCMC18D0047  
Aug 23,2021

REQUISITION NUMBER AND DATE  
75FCMC21F0001

SCHEDULE NO.

PAID BY

PAYEE'S  
NAME  
AND  
ADDRESS

Tax ID 042239742 / DUNS 040540304  
The MITRE Corporation  
Mail Stop N655  
7515 Colshire Dr.  
McLean, VA 22102

CLIN 0001:

(b)(4)

DATE INVOICE RECEIVED

DISCOUNT TERMS  
NET 30

PAYEE'S ACCOUNT NUMBER

SHIPPED FROM

TO

WEIGHT

GOVERNMENT B/L NUMBER

NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES <i>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</i>	QUAN- TITY	UNIT PRICE		AMOUNT  (1)
				COST	PER	
	From Aug 29,2022  To Oct 02,2022	For Detail, see SF 1035 Continuation Sheet Total Amount claimed transferred from page 1 SF 1035  Cost Reimbursable Provisional  Payment Terms: 30 NET				
(Use continuation sheet(s) if necessary)				TOTAL		(b)(4)
PAYMENT:		APPROVED FOR	EXCHANGE RATE	DIFFERENCES		
<input type="checkbox"/> PROVISIONAL <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE		BY 2		(b)(4)		
		TITLE	Amount verified; correct for payment			
		(Signature or initials)				

Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.

(Date)

(Authorized Certifying Officer) <sup>2</sup>

(Title)

**ACCOUNTING CLASSIFICATION**

P A I D  B Y	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of Bank)
	CASH	DATE	PAYEE <sup>3</sup>	
	\$			

<sup>1</sup> When stated in foreign currency, insert name of currency.

<sup>2</sup> If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title.

<sup>3</sup> When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.

PER

TITLE

**PRIVACY ACT STATEMENT**

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Page 16 redacted for the following reason:

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(b)(4)



**PUBLIC VOUCHER FOR PURCHASES AND  
SERVICES OTHER THAN PERSONAL**

VOUCHER NO.  
000001

**U. S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION**

Centers for Medicare & Medicaid Services  
Centers for Medicare & Medicaid Services  
OFM/Division of Acctg  
P.O. Box 7520  
Baltimore, MD 21207-0520

**DATE VOUCHER PREPARED**

Apr 25,2022

**CONTRACT NUMBER AND DATE**

75FCMC18D0047

Mar 1,2022

**REQUISITION NUMBER AND DATE**

75FCMC22F0001

**SCHEDULE NO.**

**PAID BY**

**DATE INVOICE RECEIVED**

**DISCOUNT TERMS**

NET 30

**PAYEE'S ACCOUNT NUMBER**

**PAYEE'S  
NAME  
AND  
ADDRESS**

Tax ID 042239742 / DUNS 040540304

The MITRE Corporation

Mail Stop N655

7515 Colshire Dr.

McLean, VA 22102

CLIN 0001

(b)(4)

**SHIPPED FROM**

**TO**

**WEIGHT**

**GOVERNMENT B/L NUMBER**

NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES <i>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</i>	QUAN- TITY	UNIT PRICE		AMOUNT  (1)
				COST	PER	
	From Mar 1,2022  To Mar 31,2022	Firm Fixed Price - Monthly Payment Schedule  Terms: 30 NET				
				<b>TOTAL</b>		(b)(4)
<b>PAYMENT:</b>		<b>APPROVED FOR</b>	<b>EXCHANGE RATE</b>	<b>DIFFERENCES</b>		
<input type="checkbox"/> PROVISIONAL <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE		BY 2	= \$	(b)(4)		
		<b>TITLE</b>			Amount verified; correct for payment	
				(Signature or initials)		

Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.

(Date)

(Authorized Certifying Officer) <sup>2</sup>

(Title)

**ACCOUNTING CLASSIFICATION**

<b>P A I D  B Y</b>	<b>CHECK NUMBER</b>	<b>ON ACCOUNT OF U.S. TREASURY</b>	<b>CHECK NUMBER</b>	<b>ON (Name of Bank)</b>
	<b>CASH</b>	<b>DATE</b>	<b>PAYEE <sup>3</sup></b>	
	\$			

<sup>1</sup> When stated in foreign currency, insert name of currency.

<sup>2</sup> If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title.

<sup>3</sup> When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.

**PER**

**TITLE**

**PRIVACY ACT STATEMENT**

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

PUBLIC VOUCHER FOR PURCHASES AND  
SERVICES OTHER THAN PERSONAL

INVOICE NO.  
1170944

U. S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION

Centers for Medicare & Medicaid Services  
Centers for Medicare & Medicaid Services  
OFM/Division of Acctg  
P.O. Box 7520  
Baltimore, MD 21207-0520

DATE VOUCHER PREPARED

Apr 16,2024

CONTRACT NUMBER AND DATE

75FCMC18D0047

Sep 27,2023

REQUISITION NUMBER AND DATE

75FCMC22F0008

SCHEDULE NO.

PAID BY

PAYEE'S  
NAME  
AND  
ADDRESS

Tax ID 042239742 / DUNS 040540304

The MITRE Corporation

Mail Stop N655

7515 Colshire Dr.

McLean, VA 22102

DATE INVOICE RECEIVED

DISCOUNT TERMS

NET 30

PAYEE'S ACCOUNT NUMBER

SHIPPED FROM

TO

WEIGHT

GOVERNMENT B/L NUMBER

NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES <small>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</small>	QUAN- TITY	UNIT PRICE		AMOUNT  (1)
				COST	PER	
	From Feb 26,2024  To Mar 31,2024	CLIN 0002: (b)(4)  I certify that all payments requested are for appropriate purposes and in accordance with the contract.  (b)(6) Manager, Accounts Receivable				
(Use continuation sheet(s) if necessary)				(Payee must NOT use the space below)		TOTAL (b)(4)
PAYMENT:		APPROVED FOR	EXCHANGE RATE	DIFFERENCES		
<input type="checkbox"/> PROVISIONAL <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE		BY 2	= \$	(b)(4)		
		TITLE	Amount verified; correct for payment			
			(Signature or initials)			

Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.

(Date)

(Authorized Certifying Officer) <sup>2</sup>

(Title)

ACCOUNTING CLASSIFICATION

P A I D  B Y	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of Bank)
	CASH	DATE	PAYEE <sup>3</sup>	
	\$			

<sup>1</sup> When stated in foreign currency, insert name of currency.

<sup>2</sup> If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title.

<sup>3</sup> When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.

PER

TITLE

PRIVACY ACT STATEMENT

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Page 19 redacted for the following reason:

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(b)(4)