

memorandum

SG1J

DATE: 13 May 1993

REPLY TO
ATTN OF: OC-4 - [REDACTED]

SUBJECT: Certification of Billings - FIRST REQUEST

SG1J

TO: DT-5A (Attn: [REDACTED])

1. In accordance with paragraph 7.9(3) of DIAR 25-7, the attached document(s) is/are forwarded for certification of receipt of goods and services. Please enter name, title and office symbol in appropriate block.
2. To ensure that all of DIA's bills are paid in a timely manner, this office is requesting that all certification be returned within two weeks of the date of this memorandum.
3. If there are any billing discrepancies they should be directed to the billing office, and OC-4 should be notified of the action taken.

Enclosure(s) a/s

[REDACTED]
Deputy Comptroller for
Financial Policy and
Accounting

SG1J

LOS ALAMOS NATIONAL LABORATORY
OFA - REIMBURSABLE WORK
COST TRANSFER DETAIL

AGENCY: NEUROMAG

AGENCY ORDER / AUTHORIZATION: HHM44010240

DOE B&R: 4004700

MONTH: 02/1993

INTERIM: Y

FINAL:

PROGRAM	AMOUNT
R026	18,275.55
TOTAL	18,275.55

Approved For Release 2000/08/08 : CIA-RDP96-00789R003000420001-2

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SG1J



5/13/93

VOUCHER FOR TRANSFERS
BETWEEN APPROPRIATIONS AND/OR FUNDS
BILL IN LIEU OF SF-1080

OFFICE BILLING:
US DEPT OF ENERGY FINANCE DIVISION
P.O. BOX 5400 ALBUQUERQUE, NM 87125

BILL #B3063333

SCHEDULE #

SG1J

OFFICE BILLED:
DEFENSE INTELLIGENCE AGCY
ATTN: OC-4

WASHINGTON, DC
20340

DATE ISSUED: 03/16/93
I CERTIFY THAT THE GOODS AND SERVICES
DESCRIBED IN THIS DOCUMENT HAVE
BEEN RECEIVED, AND WERE PROVIDED
IN ACCORDANCE WITH THE TERMS IN
THE CONTRACT OR ORDER DOCUMENT.

NAME [REDACTED]
TITLE [REDACTED]

DESCRIPTION OF SERVICES

AGRHHM44010240

DIA OFFICE SYMBOL DTZ-S
\$18,860.37

***** PLEASE NOTE: *****

THE AMOUNT(S) BILLED ON THE 1080 INCLUDE THE DOE OVERHEAD RATE AS APPLICABLE.

PLEASE PAY THE TOTAL BILL.

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AMOUNT TOTAL: \$18,860.37

REMITTANCE IN PAYMENT SHOULD BE SENT TO:

U S DEPARTMENT OF ENERGY
C/O UNITED NEW MEXICO BANK
P. O. BOX 25943
ALBUQUERQUE, NM 87125

ACCOUNTING CLASSIFICATION (BILLING OFFICE)
DOE CID REFERENCE: ALENG36

CERTIFICATE OF OFFICE BILLED

I CERTIFY THAT THE ABOVE ARTICLES WERE RECEIVED AND ACCEPTED OR THE
SERVICES PERFORMED AS STATED AND SHOULD BE CHARGED TO THE APPRO-
PRIATION(S) AND/OR FUND(S) AS INDICATED BELOW; OR THAT THE ADVANCE
PAYMENT REQUESTED IS APPROVED AND SHOULD BE PAID AS INDICATED.

SG1J

(DATE)

[REDACTED]
(AUTHORIZED ADMINISTRATIVE OFFICER)
Deputy Comptroller for Financial
Policy and Accounting

(TITLE)

Bal: 11