

VETERANS ADMINISTRATION
Finance Form 965a

ABSTRACT OF PAYMENT

C. No. 325892
I. No. _____
K. No. _____

Name _____

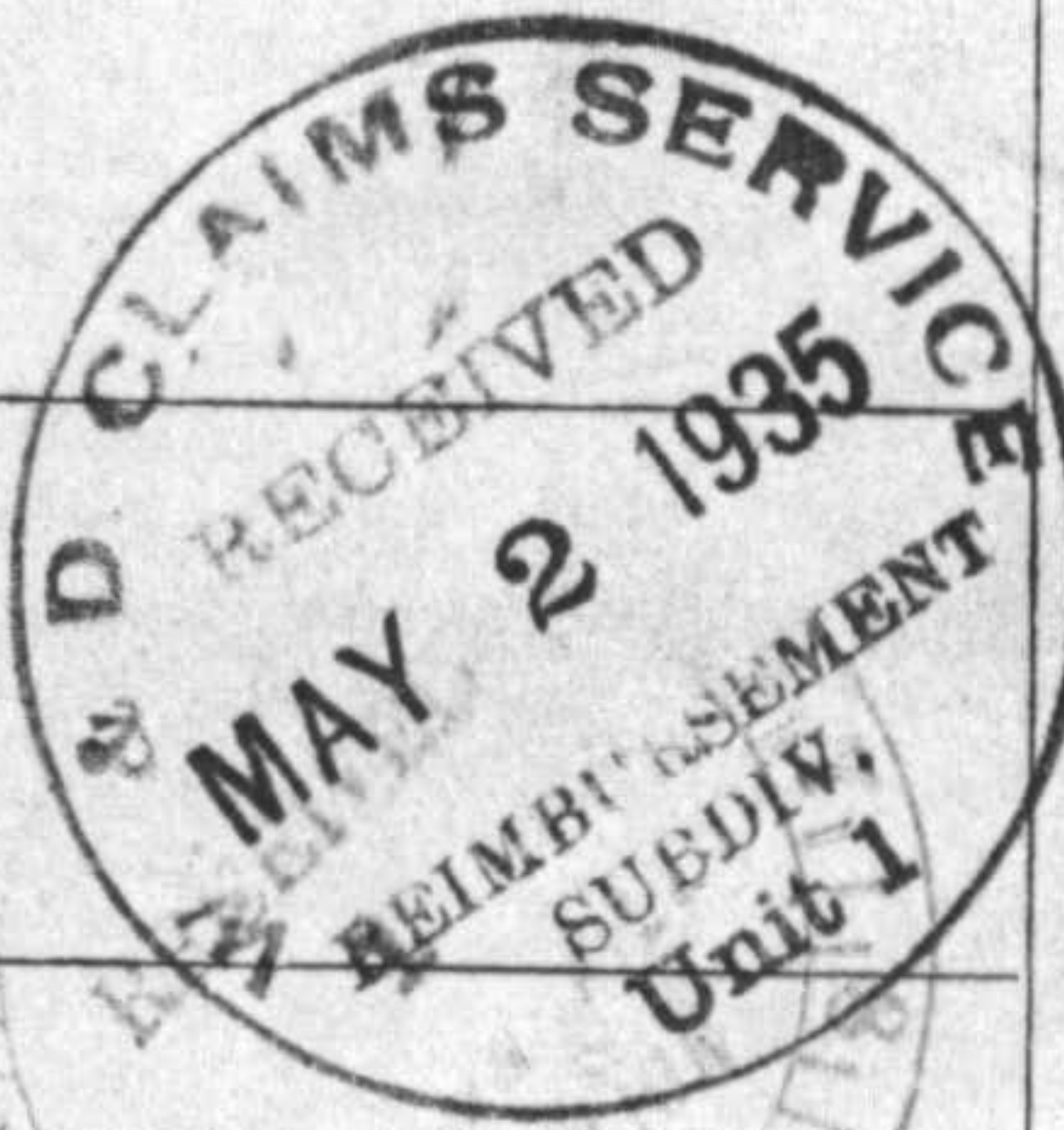
Address _____

Chat Reg. D.P.

ATTACH TO CASE FOR REIMBURSEMENT

4 A.

PERIOD COVERED		MONTHLY RATE	AMOUNT ACCRUED	PREVIOUS PAYMENTS	DEDUCTIONS INSURANCE PREMIUMS	OTHER DEDUCTIONS		AMOUNT OF CHECK
FROM	TO					FOR WHAT	AMOUNT	
2/1/35	2/24/35	38.00	30.40	-				30.40
D.L.P. 1/31/35-								



Final

Adjuster _____

Date _____

Judge 4/26/35-

15-421

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