VETERANS ADMINISTRATION
Finance Form 965a

ABSTRACT OF PAYMENT

C. No. 325 892
I. No.
K. No.

Name

Address Asst Reg. LO

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 Judge

Date 4/26/35-

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