VETERANS ADMINISTRATION
Finance Form 965a

ABSTRACT OF PAYMENT

W C. No. 863 191
I. No.
K. No.

Name
Address

ATTACH TO CASE FOR REIMBURSEMENT

L. O. Abs. Reg. HA

PERIOD COVERED		MONTHLY RATE	AMOUNT ACCRUED	PREVIOUS PAYMENTS	DEDUCTIONS INSURANCE PREMIUMS	OTHER DEDUCTIONS		AMOUNT OF CHECK
FROM	TO					FOR WHAT	AMOUNT	
4/1/36	4/14/36	40.00	18.67					18.67
				S.L.O. 3/31/36				final

Adjuster J. J. Dunn
Date 6/9/36

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