

Voucher No. _____

D. O. Symbol No. _____

APPROPRIATION: _____

BUDGET ALLOTMENT NUMBERS: _____

VOUCHER FOR PAYMENT OF EXPENSES OF BURIAL, FUNERAL, AND TRANSPORTATION OF BODY OF DECEASED VETERAN

NAME AND ADDRESS OF PAYEE (1)	NAME OF DECEASED, HOME ADDRESS, AND STATUS AT TIME OF DEATH* (2)	DATE AND PLACE OF DEATH (3)	AMOUNT ALLOWED (4)
Mrs. Mary Broadway # 2346 N. Woodstock St. Phila. Pa.	Wesley Broadway Chestnut Top Ind.	3/17/31 Chestnut Ind.	\$1.07

I HEREBY CERTIFY that the claim of the person named as payee in column (1) above has been examined; that the status of the deceased was as stated in column (2); that death occurred on date and at place stated in column (3); that the amount stated in column (4) has been found due in accordance with attached bills, which have been paid from the personal funds of claimant and for which payment has not been received as shown by claimant's affidavit attached hereto or on file in this bureau and under the authority contained in Title II, Section 201, Subsection (1) of the World War Veterans' Act, 1924, as amended, and the regulations of the U. S. Veterans Bureau; that the deceased veteran was not dishonorably discharged from his last period of war service, or if so, that the veteran at the time of his death was receiving benefits under the World War Veterans' Act on the basis of his prior enlistment or was away from home and at the place to which he was ordered by the Veterans Bureau or traveling under orders of the bureau; and that this voucher is approved for \$1.07, of which no amount represents a payment in excess of that allowed by law.

For the Director, U. S. VETERANS BUREAU,

Date _____
 Bill #117 Paid Flag #708
 Reimbursement Claims Authorization Officer.

I FURTHER CERTIFY that I have personally examined the above claim as to the financial status of the deceased veteran (nonbureau beneficiary) and find that his net assets, after deductions have been made in accordance with the regulations of the U. S. Veterans Bureau, did not exceed \$1,000 and that the circumstances in the case are such that in my judgment the deceased should have the cost of his burial, funeral, and transportation borne by the United States within the amount fixed by law.

I FURTHER CERTIFY that I have been authorized by the Director to exercise my judgment in the approval of this class of payments.

Date 5-26-31
 Reimbursement Claims Authorization Officer.

ACCOUNTING DIVISION—FINANCE SERVICE

Examined and passed for payment in the amount and from the appropriation above stated.

(Title) _____

Paid by Disbursing Clerk, United States Veterans Bureau, by check on the Treasurer of the United States in favor of the payee named above.

No. _____, dated _____

* Where the deceased veteran did not die before discharge or resignation, or while receiving compensation, vocational training, or governmental medical care, his status in column (2) above will be shown for example as follows: "Veteran Philippine Insurrection," "Nonbureau beneficiary."
 † Insert the word "not" in case claim does not involve reimbursement for payments made by claimant from his personal funds.
 ‡ Sign here where veteran dies before discharge or resignation, or while receiving compensation, vocational training, or governmental medical care.
 § Sign here where deceased veteran's financial circumstances are to be considered as a factor in determining amount to be paid.