

VETERANS ADMINISTRATION
Finance Form 965a

ABSTRACT OF PAYMENT

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

Name _____

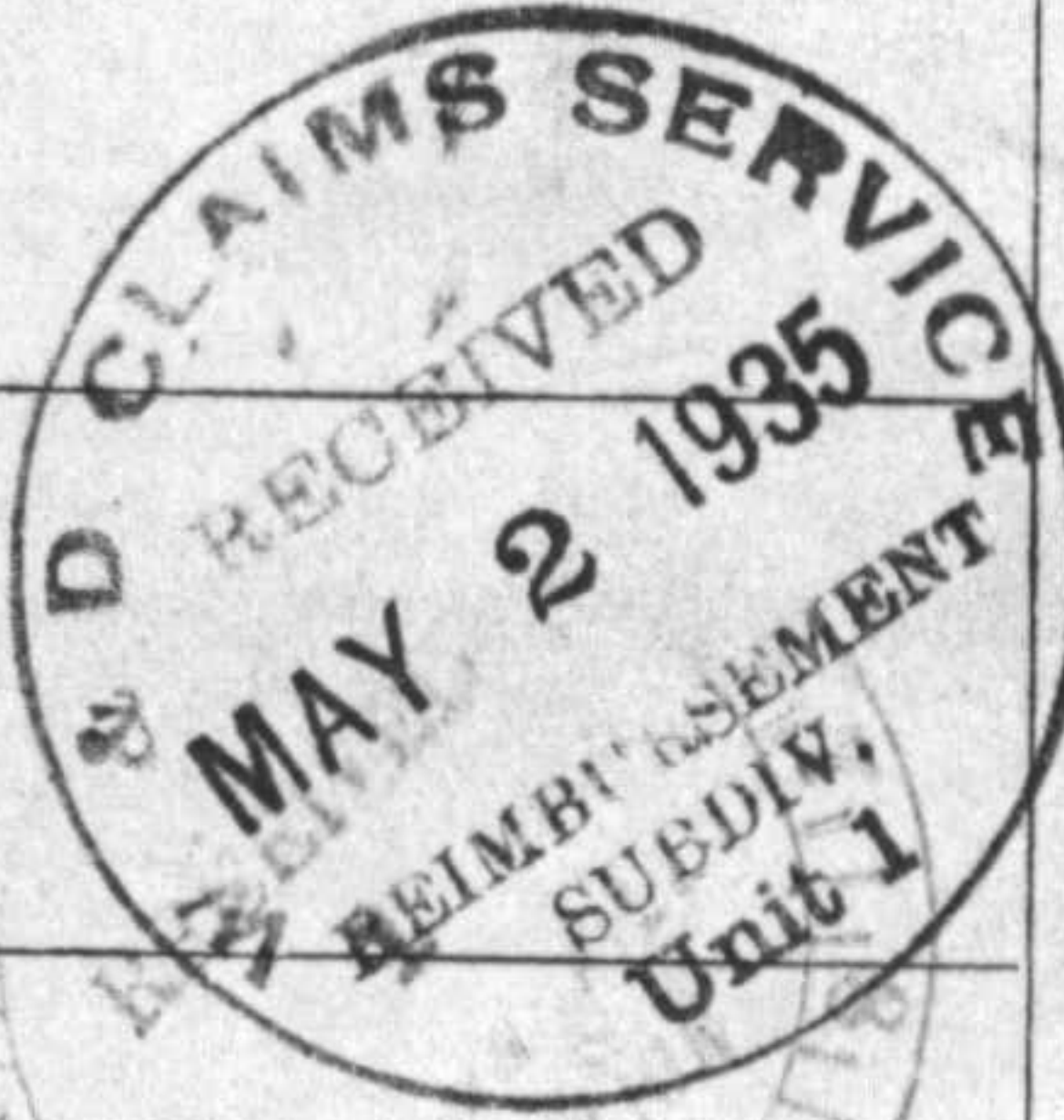
Address _____

Chat Reg. S.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	
<i>2/1/35</i>	<i>2/24/35</i>	<i>38.00</i>	<i>30.40</i>	<i>-</i>				<i>30.40</i>
<i>D.L.P. 1/31/35-</i>								



Final

Adjuster _____

Date _____

Judge 4/26/35-

15-421

U. S. GOVERNMENT PRINTING OFFICE: 1933