

ABSTRACT OF PAYMENT

W.C. No. 863191

I. No. _____

K. No. _____

Name _____

Address _____

ATTACH TO CASE FOR REIMBURSEMENT

L.O.

Abc. 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	<u>S.L.O.</u> <u>3/31/36</u>				18.67 <u>final</u>

Adjuster J. G. Dunn

Date 6/9/36