

MEMO ROUTING SLIP		NEVER USE FOR APPROVALS, DISAPPROVALS, CONCURRENCES, OR SIMILAR ACTIONS	
1 NAME OR TITLE Office of Comptroller	INITIALS		CIRCULATE
ORGANIZATION AND LOCATION Voucher Branch - Rm 1646	DATE		COORDINATION
2			FILE
			INFORMATION
3			NECESSARY ACTION
			NOTE AND RETURN
4			SEE ME
			SIGNATURE
REMARKS Re: Voucher No. 19 - Medical College of Virginia Contract No. DA-49-007-MD-506 The undersigned concurs in the disallowance of \$158.79, from the above-referenced voucher, representing adjustment of overhead rate. <div style="text-align: center;"> W. F. LAWRENCE Lt. Colonel, MSC </div>			
FROM NAME OR TITLE		DATE 10-13-55	
ORGANIZATION AND LOCATION		TELEPHONE 65111	

DD FORM 1 FEB 50 **95** Replaces DA AGO Form 895, 1 Apr 48, and AFHQ Form 12, 10 Nov 47, which may be used. 06-10-48487-4 GPO ★