

<b>PUBLIC VOUCHER FOR MEDICAL EXAMINATIONS</b> <small>For use of this form, See AR 40-400; the proponent agency is OTSG.</small>		BUREAU VOUCHER NUMBER	D. O. VOUCHER NUMBER		
VOUCHER PREPARED AT <i>(Place and date)</i>			PAID BY <i>(For use of paying office)</i>		
THE UNITED STATES, Dr.,					
TO <i>(Payee)</i>					
ADDRESS					
FOR THE EXAMINATION OF APPLICANTS FOR ENLISTMENT, REGISTRANTS AND OTHER AUTHORIZED PERSONNEL					
AT			DURING THE PERIOD		
FROM			TO		
			AS INDICATED BELOW.		
CATEGORY OF PERSONNEL AND TYPE OF SERVICE PERFORMED					
DATE	NUMBER OF EXAMINATIONS	CHARGE	DATE	NUMBER OF EXAMINATIONS	CHARGE
I CERTIFY THAT THE EXAMINATIONS WERE MADE AS SHOWN AND THAT THE CHARGES DO NOT EXCEED THOSE CUSTOMARY IN THE VICINITY OR AUTHORIZED BY PERTINENT ARMY REGULATIONS				TOTAL	
				<i>(Payee must NOT use this space)</i>	
				DIFFERENCES	
				ACCOUNT VERIFIED:	
				CORRECT FOR	
				SIGNATURE OR INITIALS	
THE ABOVE ACCOUNT IS CORRECT. THE SERVICES WERE RENDERED AS STATED. THE EXAMINATIONS WERE REQUIRED BY PERTINENT ARMY REGULATIONS OR OTHER DIRECTIVES AND THE SERVICES COULD NOT BE OBTAINED FROM THE DEPARTMENT OF DEFENSE OR OTHER GOVERNMENT AGENCY <i>(Veterans Administration or Public Health Service)</i> BECAUSE					
SIGNATURE _____ U. S. ARMY					
APPROVED FOR	DATE	PLACE	SIGNATURE		
\$					
U. S. ARMY					
ACCOUNTING CLASSIFICATION <i>(For completion by Administrative Office)</i>					
APPROPRIATION, LIMITATION OR PROJECT SYMBOL	APPROPRIATION TITLE			LIMITATION OR PROJECT AMOUNT	APPROPRIATION AMOUNT
PAID BY CASH	PAID BY CHECK	AMOUNT			
AMOUNT \$	CHECK NUMBER	\$			
DATE PAID	DATE OF CHECK	(ON TREASURER OF THE UNITED STATES (IN FAVOR OF PAYEE NAMED ABOVE			
PAYEE		PER			
		TITLE			