



(Social Security Number)

(Surname)

(First name)

(Initial)

**NAVCOMPT** Form 57 (Rev. 9-76)

Form prescribed by Comp. Gen., U. S.

April 28, 1972

# NAVY PAY RECEIPT

(Ship or station)

(Date)

I acknowledge having received from the Disbursing Officer, in person and **IN CASH**, on account of pay, the sum of:

\$

(Amount in figures)

Dollars

(Amount in words)

**NOTE**

Signature not required if Payee

Signs Money List (NAVCOMPT Form

3056) or Pay Voucher (NAVCOMPT

Form 3055)

\_\_\_\_\_  
(Payee's signature)

\_\_\_\_\_, U. S. N.

(Rank or rate)

S/N 0104-LF-700-0570

(This receipt must be filled out without interlineations or erasures)

NAVCOMPT 57 (REV 9-76) S/N 0104-LF-700-0570

19 OCT 76

TITLE OR DESCRIPTION

NO. OF PAGES

TRIM SIZE

NAVY PAY RECEIPT

1

6x3 1/2

STOCK SPECIFICATIONS

GRADE	WEIGHT	COLOR	GRADE	WEIGHT	COLOR	GRADE	WEIGHT	COLOR
CW WRITING	32	WHITE						

PRINTING SPECIFICATIONS

<input checked="" type="checkbox"/> ONE SIDE	<input type="checkbox"/> TWO SIDES	NAME	DIFFER	H TO H	H TO F	H TO L	H TO R	COLOR (INK (// not black))	SUPERSEDES	NEW
									REV 2-74	
FRONT MARGINS		HEAD		LEFT	RIGHT	FOOT		BACK MARGINS		NEW
<input type="checkbox"/> 3/8 HEAD	<input type="checkbox"/> CTR L & R	<input checked="" type="checkbox"/> OTHER	1/2	CTR	LR	<input type="checkbox"/> 3/8 HEAD	<input type="checkbox"/> CTR L & R	<input type="checkbox"/> OTHER		

FINISHING SPECIFICATIONS

FOLDING		STD-DRILLING		NON-STANDARD DRILLING				WIRE STITCHING			
FOLD TO	1 TOP	3 LEFT	NO.	DIAMETER	C TO C	LOCATION	NO.	<input type="checkbox"/> SIDE	<input type="checkbox"/> SADDLE	<input type="checkbox"/> TOP LEFT CORNER	
PERFORATING OR SCORING				PADDING				UNIT OF ISSUE			
<input type="checkbox"/> PERP	<input type="checkbox"/> SCORE	DISTANCE	FROM	SHEETS	SETS	LOCATION	<input type="checkbox"/> TOP	PG 1000 SHRINK WRAP			

SPECIAL INSTRUCTIONS

THE UNIT OF ISSUE IS PG 1,000 (10 PADS OF 100 SHEETS PER PAD) WITH A SHRINK WRAP.  
 HEAD MARGIN IS 1/2" TO FIRST HORIZONTAL RULE.