EXPENDITURE VOUCHER

NAVCOMPT FORM 740 (7-54)

NAME AND ADDRESS OF PAYEE	VOUCHER NO.
	MONTH OF 19 _____

DATE	PURCHASE ORDER OR DESCRIPTION	AMOUNT		DISTRIBUTION		
				ACCOUNT	AMOUNT	

PREPARED BY	POSTED BY	DATE PAID	CHECK NO.	AMOUNT	DISCOUNT	NET AMT. OF CHECK

S/N 0104-LF-701-3000