

STATEMENT OF SERVICES
 Fort Sill consolidated Chaplains' Fund
 (See Privacy Act Statement below)

Name	Date
Mailing address	Phone

IAW the terms of my Fort Sill Consolidated Chaplains' fund Purchase Order Number
 I performed the following service(s) listed below

Date	Place	Event/Service	Total Hours
Rate	Per	Total	
Person who performed service		Supervisory Chaplain	

For Office Use only below this line

Date received	Date paid	Voucher #	Check #
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Computation

\$Rate	X Number of Times	\$Total due
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Privacy Act Statement

Authority: Title 5, United States Code Section 301
 Purpose: Administrative purposes to calculate services rendered the Chaplain
 Disclosure: Voluntary, but nondisclosure may prompt payment of services