

MLC INVOICE	INVOICE DATE	INVOICE NO.
	TO: COR (ADD ADDRESS)	PERIOD COVERED
	<input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> AF <input type="checkbox"/> MARINE CORPS	FROM: MOD

PAYROLL NUMBER

NO.	ITEM	TOTAL YEN	NO.	ITEM	TOTAL YEN
1.	GROSS PAY		4.	ACCIDENT COMPENSATION BENEFITS	
2.	ALLOWANCES		5.	TRAVEL EXPENSES	
a.	SUMMER		6.	TRANSPORTATION EXPENSES	
b.	YEAR-END		7.	OTHERS (SPECIFY)	
c.	COLD AREA		a.		
3.	RETIREMENT BENEFITS		b.		
a.	RETIREMENT ALLOWANCE		c.		
b.	INVOL. SV. BONUS (JUN)		d.		
c.	INVOL. SV. BONUS (DEC)		8.	GRAND TOTAL YEN	
d.	DISCHARGE ALLOWANCE		9.	NO. OF EMPLOYEES	

I CERTIFY THAT THE ABOVE BILL IS TRUE AND CORRECT AND THAT PAYMENT THEREFORE HAS NOT BEEN RECEIVED THAT THE AMOUNTS BILLED HAVE BEEN COMPUTED IN ACCORDANCE WITH THE TERMS OF THE CONTRACT AND THAT ALL CONDITIONS APPLICABLE TO THE TRANSACTION HAVE BEEN COMPLIED WITH: THAT SUPPORTING DOCUMENTS USED AS A BASIS FOR COMPUTING AMOUNTS DUE ARE BEING MAINTAINED IN ENGLISH AND ARE AVAILABLE FOR AUDIT.		RDB/RDO SEAL
TYPED NAME & TITLE (LABOR MANAGEMENT OFFICIAL)	SIGNATURE	