

WRA-6B

EMPLOYEE'S

NAME Shoji Nagumo Block 12 ACTIVITY NUMBER 40-4100LOCATION Ad. Area PERIOD-From July 1 To July 31, 1944

DATE	NUMBER OF HOURS WORKED EACH DAY															TOTAL HOURS	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
DATE	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
HRS.WKD.	4	-	8	8	8	8	8	7	-	8	8	8	8	8	4		
HRS.WKD.	-	8	8	8	8	8	8	-	8	8	8	8	8	4	-	8	

CERTIFICATE: I hereby certify that I have performed the number of hours of work indicated above, during the period stated, and required by law and regulations, that the total amount of time is chargeable to the activity indicated above, and that this report is accurate in all details.

OCCUPATION Block Coordinator

Signature of employee

23623

Ident. Number

Family Number

1&2 Enter dates of period. 3&4 Enter hrs. wrk'd. for which you claim payment.

Approved: M. Andersson