

Tickler

Jan. 24, 1945

WAR RELOCATION AUTHORITY
GATE SLIP—INCOMING

Ext 6265, 277

Name

Dobson, Henry W. (Handwritten)

(Surname)

(First name)

(Initial)

To Visit

of Block Address

11-5-D. (Handwritten)

For Period

Oct. 20 (Handwritten)

1944 to

Jan. 23 (Handwritten)

1945

HOUSING OFFICE

1:00 P. M. (Handwritten)

1:18 P. M. (Handwritten)

Assigned to quarters in

Assignment terminated as of

from

19

to

19

by

by

on

19

on

19

19

FINANCE OFFICE

Charge for meals, _____ days, \$ _____

Charge for quarters, _____ days, \$ _____

Total _____ \$ _____

Paid:

Received by _____

19 _____



Time:

By _____

Adjustment:

(1) Refund _____ days, \$ _____

Received by _____

(Visitor's signature)

(2) Additional amount due

meals _____ days, \$ *56.80*

Paid:

Received by *FCS* _____

19 *45*

PAID IN FULL:

Certified by _____

19 _____

OUT

Time:

By _____