

242.5 PAYROLLS 2ND MD MED. CO. BUENAVISTA REGT. Dec. '45

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MED. CO. Buenavista Regt. Dec. '45

DECLASSIFIED
Authority NND 983078

PAYROLL

Medical Co OF Buenavista

Voucher No. _____

(Organization) (Regiment)

Bayanbong, N. Vizcaya Medical

(Station) (Principal arms)

E.A. Sant

(Disbursing officer)

For month of _____, 19__

Paid *Dec 11*, 19__

Pay of Army, 19__	\$	
Pay of Army, 19__	\$	
Pay of Army, 19__	\$	
Subs., 19__ (PA _____)	\$	
Subs., 19__ (PA _____)	\$	
C. & E., 19__ (PA _____)	\$	
C. & E., 19__ (PA _____)	\$	
Total amount disbursed	\$	

(Station) (Date)

I certify that this roll is made out as required by Army Regulations and/or subsistence allowance is due the soldier was not furnished ration in kind nor received the equivalent thereof in month; that neither he, his family, nor any one dependent on him has occupied government quarters and that for the period that quarters allowance is due, he or his dependents actually occupied quarters at the address shown. Except as otherwise stated its men was last

Information:

\$ _____ Ins. and almts.

\$ _____ Qrs. (PA _____)

\$ _____

\$ _____

\$ _____

paid to _____
 by *E.A. Sant* U.S.A.
LOUIS CINCO JR
 Capt, MC

COLLECTIONS

Commanding Organization

Finance collections \$ _____

I certify that I witnessed the payment of this roll and that prior to the signing of this certificate each man received the amount set opposite his name, with the exception of those men marked "Not paid."

(PA _____)

(PA _____)

(PA _____)

E.A. Sant
LOUIS CINCO JR
 Capt, MC

Commanding Organization

Gov't Laundry \$ _____

Overhead charges _____

C.M. Fines _____

Forf. by des _____

Note- This certificate will be signed only on the copy of the payroll which bears signature of the men for payment in cash.

I certify that this roll is a true copy of the roll upon which payment, witness by me, was made, excepting as to the signatures in the receipt column and the certificate as to witnessing the payment thereof.

E.A. Sant
LOUIS CINCO JR
 Capt, MC

Commanding Organization

Total collections \$ _____

Post Exch; Co. Fund, ect. _____

(paid by check) _____

Individuals (paid by check) _____

Paid by cash _____

Total amount accounted for _____

Note- This certificate will be signed only on the copy of the roll not receipted, and which constitutes the disbursing officer's RETAINED Voucher.