

242.5 PAYROLLS 4th MD  
Attached Medical Hq. ECL6A  
JULY '45

DECLASSIFIED  
Authority 883078

242.5 Payroll  
Attached Medical

Hq. ECL6A

July 1945 - 4th MD

DECLASSIFIED  
Authority 883078

1945 - by the ...

**MEDICAL SECTION, HQ, BCLGA**  
**UNITED STATES ARMED FORCES IN THE FAR EAST**

VOUCHER NO. \_\_\_\_\_

PAYROLL FOR Attached Medical

NORTH OF July 1945

We hereby acknowledge receipt in cash from \_\_\_\_\_ of amount in the column "AMOUNT PAID" set opposite our respective names:

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
NO.	NAME	RANK	SERIAL NO.	BASE PAY	ALLOWANCE	PERIOD COVERED	AMOUNT PAID	SIGNATURE OF PAYEE	REMARKS
1.	Domingo Q Flores	1/Sgt		P 70.00	P 16.00	1 July '45 31 July '45	P 86.00	<i>Domingo Q Flores</i>	SO# 259, 13 July '45
2.	Laureano Flores	1/Sgt		P 70.00	P	1 July '45 31 July '45	P 70.00	<i>Laureano Flores</i>	SO# 259, 13 July '45
3.	Marcelo Valerio	Sgt		P 51.00		1 July '45 31 July '45	P 51.00	<i>Marcelo Valerio</i>	SO# 259, 13 July '45
	Benjamin Dixon	Col		P 37.00	P 12.00	1 July '45 31 July '45	P 49.00	<i>Benjamin Dixon</i>	SO# 259, 13 July '45
TOTAL .....				P 228.00	P 28.00		P 256.00		

This voucher consist of \_\_\_\_\_ sheets.  
 I certify under my official oath that the above persons rendered services covered by the periods stated opposite names.

*A. M. Valenzuela*

(Unit Commander)

*Capt - Inf.*

(Rank & Branch of Service)

APPROVED FOR PAYMENT:

\_\_\_\_\_  
 (Commanding Officer)

I certify under my official oath that I have personally paid the men appearing in this PAYROLL in the amount stated opposite their names.

\_\_\_\_\_  
 (Disbursing Officer)

\_\_\_\_\_  
 (Rank & Branch of Service)

I certify my official oath that I have witnessed the payment of this PAYROLL that each man received the amount set opposite his name.

\_\_\_\_\_  
 (Witnessing Officer)

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