

242:5- QM Supply 5-4
Palmer Sp. Br.
May 1949

DECLASSIFIED

Authority: JKD-833078

DECLASSIFIED
Authority NND 883078

SIXTH MILITARY DISTRICT
PHILIPPINE ARMY (USAFPA)
CP O PALAWAN SPL. BN.
UNIT S-4

201 file

Date 5 May '44

TO WHOM IT MAY CONCERN:

I HEREBY CERTIFY to have received from Sgt. Manuel B. Doce (QMS)
On duty, Bn. S-4 the amount of Sixty Pesos Only (----(P60.00), as ~~xxxx~~
 partial salary @ P30.00 per mo., 1 Jan. to 29 Feb., '44 .

Note: Please sign and return
this receipt.

A true copy:

Dominador Oliveros
Dominador Oliveros
Cpl. Fin. Service

(SOD) ACQUILINO ROSALES

(Signature)

Sgt. (on duty, S-4

(Rank & Designation)

SIXTH MILITARY DISTRICT
PHILIPPINE ARMY (USAFPA)
CP-0 PALAWAN SP. BN.
UNIT BQM-"A"

No. 8

Date April 10/44

TO WHOM IT MAY CONCERN:

I HEREBY CERTIFY to have received from Sgt. Manuel B. Doce,
(CMS), On Duty, Bn. S-4 the amount of SIXTY PESOS ONLY---- (₱60.00)
as slv. partial, @ ₱30.00 per month 1 January to 29 February '44.

(SGD.) JOAQUIN CARANDANG
Sergeant, BQM - "A"

NOTE: Please sign and return this receipt.

True copy:

By, *Dominador Oliveros*
DOMINADOR OLIVEROS
Corporal
Finance Service

DECLASSIFIED
Authority NND 883078

DECLASSIFIED

Authority NND 883078

SIXTH MILITARY DISTRICT

No. 13

PHILIPPINE ARMY (SEAPFA)

CP O PALWAN SP. BN.

UNIT S-4

April 10, '44

Date ~~XXXXXXXXXX~~

TO WHOM IT MAY CONCERN:

I HEREBY CERTIFY to have received from Sgt. Manuel B. Doce (OAS)
On Duty, Bn. S-4 the amount of SIXTY PESOS ONLY (P60.00), as partial
salary, @ P30.00 per month, from 1 Jan. to 29 Feb. '44.

(SGD) (SEVERO SACAMAY)

(Name)

Note : Please sign and return
this receipt.

*True Copy
Deliver to
Clerk, Finance Service*

Sergeant, On duty S-4

(Rank and Designation)

SIXTH MILITARY DISTRICT
PHILIPPINE ARMY(USAFPE)
CP-O PALAWAN SP. BN.
UNIT S-4

No. 15

Date April 10-1944

TO WHOM IT MAY CONCERN:

I HEREBY CERTIFY to have received from Sgt. Manuel B. Doce (CMS)
On Duty, Bn. S-4 the amount of Sixty Pesos Only..... (P 60.00), as
partial salary @ P30.00 per month. 1 January to 29 February '44.

(SGD.) RAMON ORQUESTA

Sergeant, On Duty S-4

Note: Please sign return this receipt.

True copy:

By, *Dominador Oliveros*
DOMINADOR OLIVEROS
Corporal, Finance Service

DECLASSIFIED
Authority NND 883078

Receipts held

SIXTH MILITARY DISTRICT
PHILIPPINE ARMY (USARPF)
CP-O PALAWAN SP. BN.
UNIT S-4

No. 16

Date 4-10-44

TO WHOM IT MAY CONCERN:

I HEREBY CERTIFY to have received from Sgt. Manuel B. Dooe (OMS),
On Duty, Bn S-4 the amount of Sixty Pesos only (P60.00), as partial
salary at P30.00 per mo. 1 January to 29 February '44.

(SGD.) FEDERICO GONZALES
Sergeant, On Duty S-4

Note: Please sign this receipt and return.

True copy:

Dominador Oliveros
DOMINADOR OLIVEROS
Clerk, Finance Service

DECLASSIFIED
Authority NND 883078

SIXTH MILITARY DISTRICT

PHILIPPINE ARMY USAFFE
C-70SP BN PALAWAN

No. 19

Date 16 April '44

TO WHOM IT MAY CONCERN:

I HEREBY CERTIFY to have received this date from Sgt. Beltran
Raz of the Finance Service the amount of Fifty Pesos (P50.00) only as
my partial salaries at the rate of P25.00 per month from the period of
Jan. 1 to Feb. 29 '44 inclusive.

SGD. ENRIQUE ARIAS
Cpl. On Duty BOM "A"
S-4

True copy;

Dominador Oliveros
DOMINADOR OLIVEROS
Clerk, Finance Service

DECLASSIFIED
Authority NND 683078

SIXTH MILITARY DISTRICT
PHILIPPINE ARMY
USAFFE
CP O SP BN PALAWAN
Headquarter, QMS

5 May '44

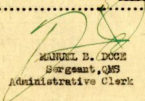
TO WHOM IT MAY CONCERN:

I HEREBY CERTIFY on my official oath that each enlisted man whose names appears opposite my signature for the months of January 1 to February 29 '44 inclusive, will be paid of their salaries in cash, and in no other mode, the amounts shown opposite their respective names, hereunder listed below:

This manner is resorted to in view of the fact that those enlisted men are in the field and that contact is very difficult. As soon as they reports to this hqtrs. they will be paid and acknowledgement receipts will be be furnished the Battalion Finance Officer:

January 1 to February 29 '44
Inclusive

Sgt. Irineo Abian	₱60.00
Sgt. Bartolome Binauhan	60.00
Sgt. Aquilino Rosales	60.00
Pvt. Segundino Magbanua	40.00
Pvt. Rufo Velaya	40.00
Pvt. Jose Heredero	40.00
Pvt. Carlos Capulac	40.00
TOTAL	<u>₱340.00</u>


MANUEL B. DOCE
Sergeant, QMS
Administrative Clerk

DECLASSIFIED
Authority NND 883078

MS 5- QM-Suppl 5-4
Page 69. Rev
June 44

DECLASSIFIED
Authority NND 883078

PAY ROLL

We hereby acknowledge to have received from Miss Joan T. Swartz

Member of the Public Health Section

the sums herein specified opposite our respective names, the same being in full

compensation for our services rendered during the period stated below, to the correctness of which we hereby severally certify.

Sheet No. 1

No.	NAME	Designation	Pay Period	PERIOD OF SERVICE		Weekly Rate of Pay	Amount Accrued for the Period	DEDUCTIONS						AMOUNT PAID		Signature of Payee	Where to Mail or Display Receipts	Should Amount Over (U. S. C.)	REMARKS					
				Civilian (Pre-1946)				IN OTHER	FOR GOVERNMENT SERVICE	RESERVE SYSTEM	Ret. Fund	Unempl. Ins.	In Cash (U. S. C.)	In Kind (U. S. C.)										
				From	To																			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	
1	OTTIEN																							
1	San Juan, Puerto Rico	1st class	May 1	June 30	\$2,000	\$20,000																		
1	San Juan, Puerto Rico	1st class	May 1	June 30	\$2,000	\$20,000																		
1	San Juan, Puerto Rico	1st class	May 1	June 30	\$2,000	\$20,000																		
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1	San Juan, Puerto Rico	1st class	May 1	June 30	\$2,000	\$20,000																		
1	San Juan, Puerto Rico	1st class	May 1	June 30	\$2,000	\$20,000																		
1	San Juan, Puerto Rico	1st class	May																					

243.5 - 3-4
Palmer H. P.
July 44

DECLASSIFIED
Authority *ND 883078*

I, I CERTIFY on my official oath that the entries on this roll are correct and that service has been duly rendered as stated above. I hereby acknowledge my personal liability to the government, to the paying officer, and to the soldiers concerned for any error of fact found in the said entries.

II. APPROVED FOR PAYMENT

Signature
VICENTE SALES
Adjutant

HERNANDEZ
Capt., Inf.
No. 3-4

III. I CERTIFY on my official oath that I have this date personally witnessed the payment of each soldier on whose name my signature appears. I hereby hold myself jointly liable with the paying officer in case this certificate proves erroneous in any particular.

Signature
Signature of Administrative Clerk

(Name and Designation)

IV. I CERTIFY on my official oath that I have paid to each soldier whose name appears on this roll the net amount set opposite his name.

FOR SAID DECLARATION:
Signature
VICENTE SALES
Adj., Inf.
Chief Administrative Clerk

Pre-audited entries may be paid in the amount of 100 thousand one hundred fifty one pesos and thirty centavos (\$ 218,151.00) only, provided there is sufficient funds to cover the payment.

6-1-1
(2) *218.38*

Signature
218,151.00

DECLASSIFIED
Authority: *11/18/83*

243.5 — Box. 5-4 One. M. B. W.
August 1944

DECLASSIFIED
Authority: ND 883078

We hereby acknowledge to have received from Lt. Juan Hernandez, 870, 8th St. No. the sum herein certified apposite our respective names, the sum being in full compensation for our services rendered during the period stated below to the correctness of which we severally certify.

No.	Name	Rank	Period of Service		Quarter Allowance		Partial monthly rate	AMOUNT PAID				Paid amount withheld to payment of due illegible signature	Remarks	
			From	To	No. of Dependents	Amount		Amount Due	In Cash	By Voucher	No. of Signatures of Payee			
1.	San Juan, Juanito	1st. Lt.	11-1	11-31			80 00	140 00	140 00					
2.	Madrigal, Filomeno	T-4th.	"	"	"	"	70 00	60 00	60 00					
3.	Lopez, Justino	1st. Sgt.	"	"	"	"	70 00	50 00	60 00					
4.	Langdon, Juanito	2nd. Lt.	"	"	"	"	30 00	40 00	60 00					
5.	Osca, Juanito	"	"	"	"	"	70 00	80 00	60 00					
6.	Akiano, Celestino	Sgt.	"	"	"	"	30 00	30 00	40 00					
7.	Akiano, Nela	"	"	"	"	"	30 00	30 00	40 00					
8.	Bimbas, Justino	"	"	"	"	"	30 00	30 00	40 00					
9.	De Oza, Carlos	"	"	"	"	"	30 00	30 00	40 00					
10.	De la Cruz, Leonardo	"	"	"	"	"	30 00	30 00	40 00					
11.	Ortiz, Teodoro	"	"	"	"	"	30 00	30 00	40 00					
12.	Olivero, Teodoro	"	"	"	"	"	30 00	30 00	40 00					
13.	Reyes, Abraham	"	"	"	"	"	30 00	30 00	40 00					
14.	Rosell, Justino	"	"	"	"	"	30 00	30 00	40 00					
15.	Lopez, Justino	"	"	"	"	"	30 00	30 00	40 00					
16.	Munera, Nemesio	"	"	"	"	"	30 00	30 00	40 00					
17.	Ortiz, Feliciano	"	"	"	"	"	30 00	30 00	40 00					
18.	Surales, Roberto	"	"	"	"	"	30 00	30 00	40 00					
19.	Romero, Aquilino	"	"	"	"	"	30 00	30 00	40 00					
20.	Sanchez, Severo	"	"	"	"	"	30 00	30 00	40 00					
21.	Torres, Gerardo	"	"	"	"	"	30 00	30 00	40 00					
22.	Ariza, Enrique	"	"	"	"	"	30 00	30 00	40 00					
23.	Sanjay, Manuel	"	"	"	"	"	30 00	30 00	40 00					
24.	Liz, Isidoro	"	"	"	"	"	30 00	30 00	40 00					
25.	Pinto, Alejandro	"	"	"	"	"	30 00	30 00	40 00					
26.	Bartolome, Pedro	Sgt.	"	"	"	"	30 00	30 00	40 00					
27.	Palay, Amado	"	"	"	"	"	30 00	30 00	40 00					
28.	Alti, Enrique	Sgt.	"	"	"	"	30 00	30 00	40 00					
29.	Huamán, Melitón	"	"	"	"	"	30 00	30 00	40 00					
30.	Sanchez, Pedro	"	"	"	"	"	30 00	30 00	40 00					
31.	Gonzalez, Manuel	"	"	"	"	"	30 00	30 00	40 00					
32.	Castro, Juanito	"	"	"	"	"	30 00	30 00	40 00					
33.	Castro, Victorino	"	"	"	"	"	30 00	30 00	40 00					
34.	Alfonso, Juan	"	"	"	"	"	30 00	30 00	40 00					
35.	Fachonilla, Jose	"	"	"	"	"	30 00	30 00	40 00					
36.	Gonzalez, Carlos	"	"	"	"	"	30 00	30 00	40 00					
37.	Sanchez, Juan	"	"	"	"	"	30 00	30 00	40 00					
38.	Sanchez, Juan	"	"	"	"	"	30 00	30 00	40 00					
39.	Langdon, Teodoro	"	"	"	"	"	30 00	30 00	40 00					
40.	Alfonso, Palomino	"	"	"	"	"	30 00	30 00	40 00					
41.	Francisco, Abraham	"	"	"	"	"	30 00	30 00	40 00					
42.	Valdes, Renato	"	"	"	"	"	30 00	30 00	40 00					
43.	Abadino, Flor	Cpl.	"	"	"	"	35 00	50 00	50 00					

I. I CERTIFY as my official oath that the entries on this roll are correct and that service has been duly rendered in the above. I hereby acknowledge my personal liability to the government, to the paying officer, and to the soldiers concerned for any error of fact found in the said entries.

[Signature]
RETORNO LARACON
Capt. Inf.
No. 8-4

II. APPROVED FOR PAYMENT:

[Signature]
VICENTE ROMERO
1st. Lt. Inf.
Adjutant

III. I CERTIFY as my official oath that I have this date personally witnessed the payment of each soldier on whose name my signature appears. I hereby hold myself jointly liable with the paying officer in case this certificate proves erroneous in any particular.

[Signature]
Signature of Paying Officer
Chief and Inspection

IV. I CERTIFY as my official oath that I have paid to each soldier whose name appears on this roll the net amount set opposite his name.

[Signature]
RETORNO LARACON
1st. Lt. Inf.
Chief Administrative Clerk

DECLASSIFIED
Authority: 252327

Voucher No.
Months - July & August 44
2nd Section - Payroll
P215138

DECLASSIFIED

Authority NND 883078

OFFICIAL RECEIPT

✓ 322

14 Nov.

144

WHOM IT CONCERN:

received from the Bn S-4 thru T-Sgt. Filoteo G. Rodriguez, BOM Incharge,
the sum of Sixty Pesos Only Emergency (P 60.00) for the payment
of July + August Salary for the use of the Army:

Witness:

[Handwritten signature]

Bundac

(Signature of vendor)

742

DECLASSIFIED

Authority *ND 883078*

SUPPLEMENTARY PAYROLL, BN. S-4

Vol. No. *322*

I hereby certify to have received from Lt. Juan Guardian, HFC, Pal. Sp. Bn. the sums herein stated for our respective names, the same being in just compensation for our services rendered during the period stated below to the correctness of which we severally certify.

Names	Ranks	Period of service:	Partial:	Amount:	Rate	Due	Paid	No.	Signature of payee	Witness to: payment	Remarks
1. Fresnillo, Domingo	Sgt.	July 1 - Aug. 31		\$30.00	\$60.00	\$60.00	8	<i>Fresnillo Domingo</i> <i>By [Signature]</i>			
2. Buncac, Diego	Sgt.	July 1 - Aug. 31		30.00	60.00	60.00	3	<i>Buncac Diego</i> <i>By [Signature]</i>			
3. Buncac, Guillermo Dela Torre	Sgt.	July 1 - Aug. 31		30.00	60.00	60.00	3	<i>Buncac Guillermo</i> <i>By [Signature]</i>	<i>Guillermo Buncac</i>		
4. Constantino	Pvt.	July 1 - Aug. 31		20.00	40.00	40.00	4	<i>Constantino</i> <i>By [Signature]</i>			
5. Tabang, Mariano	Pvt.	July 1 - Aug. 31		20.00	40.00	40.00	5	<i>Tabang Mariano</i> <i>By [Signature]</i>			
6. Macbanua, Julian	Pvt.	Aug. 16 - Aug. 31		20.00	9.36	9.36	5	<i>Macbanua Julian</i> <i>By [Signature]</i>			

I. I CERTIFY on my official oath that the entries on this roll are correct and that service has been duly rendered as stated above. I hereby acknowledge my personal liability to the government, to the paying officer, and to the soldiers concerned for any error or defect found in the said entries.

III. I CERTIFY on my official oath that I have this date personally witnessed the payment of each soldier on whose name my signature appears. I hereby hold myself jointly liable with the paying officer in case this certificate proves erroneous in any particular.

Do. C. Tolentino
 769.38
 269.38
 Sgt., Inf.
 BN. S-4

For the P.C.
Juan Guardian
 (Signature of Adm. Officer)
3rd Lt. Inf. Asst. Bn. S-4
 (Rank and Designation)

PAID FOR PAYMENT:

W. VICTORIO BELAN
 1st. Lt. Inf.
 Assistant

IV. I CERTIFY on my official oath that I have paid to each soldier whose name appears on this roll the net amount set opposite his name.

Credentialed and same may be paid to amount of two Hundred Sixty-Nine and 38/100 (769.38) provided there is sufficient funds to cover the payment.

FOR CASE, REGISTRADO DE PAGOS
Adonacion
 VICENTE MARLAVI
 Sgt., Inf.
 Chief Administrative Clerk

24 March 45

1st Lt. JMS (6556)
Bn. Asst. Dir.

Castro

WE HEREBY CERTIFY to have received from Lt. Juan Guerrero, PFC, Pl. Sp. Pn. the sums herein specified opposite our respective names, the same being in just compensation for our services rendered during the period stated below to the correctness of which we severally certify.

242

Name	Rank	Period of service	Partial	Amount	Amount	No.	Signature of payee	Payment	Remarks
1. Fresnillo, Domingo	Sgt.	July 1 - Aug. 31	1	50.00	50.00	1	<i>Fresnillo Domingo</i>		
2. Pineda, Pisco	Sgt.	July 1 - Aug. 31	2	30.00	60.00	2	<i>Pineda Pisco</i>		
3. Puzos, Guillermo	Sgt.	July 1 - Aug. 31	3	30.00	90.00	3	<i>Puzos Guillermo</i>		
4. Constantino	Pvt.	July 1 - Aug. 31	4	20.00	80.00	4	<i>Constantino</i>		
5. Tabara, Mariano	Pvt.	July 1 - Aug. 31	5	20.00	100.00	5	<i>Tabara Mariano</i>		
6. Barbanus, Julian	Pvt.	July 16 - Aug. 31	6	20.00	120.00	6	<i>Barbanus Julian</i>		

I. I CERTIFY that on official oath that the entries on this roll are correct and that service has been duly rendered as stated above. I hereby acknowledge my personal liability to the government, to the paying officer, and to the soldiers concerned for any error of fact found in the said entries.

III. I CERTIFY on my official oath that I have this date personally witnessed the payment of each soldier on whose name my signature appears. I hereby hold myself jointly liable with the paying officer in case this certificate proves erroneous in any particular.

DECLASSIFIED Authority: *IND 833078*

[Signature]
Capt., Inf.
Pt. 2-4

*For the D.C.
For Major Meyer*

Josue Rodriguez
Signature of Sr. Officer
3rd Lt. Inf. Asst. Pn. - 1
(Rank and designation)

II. APPROVED FOR PAYMENT:

Josue Rodriguez
3rd Lt. Inf.
Asst. Pn.

VICENTE BULLEN
1st. Lt. Inf.
adjutant

IV. I CERTIFY on my official oath that I have paid to each soldier whose name appears on this roll the net amount set opposite his name.

FOR CAPT. RECEIPTO LAGIACORON
[Signature]
VICENTE BULLEN
Sgt., Inf.
Chief Administrative Clerk

Checked and same may be paid in the amount of Two hundred thirty-nine and 38/100 pesos - (\$69.38)
Original check is sufficient for 7 & cover for payment.

24 March '45
1st Lt. JAMES CASAR
Asst. Auditor

2025 - QMS (b)(5-4) Palamau Jp. Ind.
" FBI 44

DECLASSIFIED
Authority: JND 833078

PAY ROLL

We hereby acknowledge to have received from 34205 Treasurer of UNITED STATES GOVERNMENT, the sums herein specified opposite our respective names, the same being in full compensation for our services rendered during the period stated below, to the correctness of which we hereby severally certify.

Serial No.	NAME	Designation	Pay Period or Payable for Year	PERIOD OF SERVICE (Include Dates)	Working Days of Pay	Amount Accrued for the Period	DEDUCTIONS						Amount Paid	Signature of Payee	Where to Mark or Marked Signature	Special Amount (see 10-5-1)	REMARKS			
							IN GENERAL											FEDERAL UNEMPLOYMENT COMPENSATION	INSURANCE SYSTEM	Ret. Tax
							Leave Indemnity	Fines and Penalties	Other	Accrued	For the Period	Extra Special Payment								
1	Mr. [Name]	[Designation]	[Period]	[Dates]	[Days]	[Amount]														
2	Mr. [Name]	[Designation]	[Period]	[Dates]	[Days]	[Amount]														
3	Mr. [Name]	[Designation]	[Period]	[Dates]	[Days]	[Amount]														
4	Mr. [Name]	[Designation]	[Period]	[Dates]	[Days]	[Amount]														
5	Mr. [Name]	[Designation]	[Period]	[Dates]	[Days]	[Amount]														
6	Mr. [Name]	[Designation]	[Period]	[Dates]	[Days]	[Amount]														
7	Mr. [Name]	[Designation]	[Period]	[Dates]	[Days]	[Amount]														
8	Mr. [Name]	[Designation]	[Period]	[Dates]	[Days]	[Amount]														
9	Mr. [Name]	[Designation]	[Period]	[Dates]	[Days]	[Amount]														
10	Mr. [Name]	[Designation]	[Period]	[Dates]	[Days]	[Amount]														
11	Mr. [Name]	[Designation]	[Period]	[Dates]	[Days]	[Amount]														
12	Mr. [Name]	[Designation]	[Period]	[Dates]	[Days]	[Amount]														
13	Mr. [Name]	[Designation]	[Period]	[Dates]	[Days]	[Amount]														
14	Mr. [Name]	[Designation]	[Period]	[Dates]	[Days]	[Amount]														
15	Mr. [Name]	[Designation]	[Period]	[Dates]	[Days]	[Amount]														
16	Mr. [Name]	[Designation]	[Period]	[Dates]	[Days]	[Amount]														
17	Mr. [Name]	[Designation]	[Period]	[Dates]	[Days]	[Amount]														
18	Mr. [Name]	[Designation]	[Period]	[Dates]	[Days]	[Amount]														
19	Mr. [Name]	[Designation]	[Period]	[Dates]	[Days]	[Amount]														
20	Mr. [Name]	[Designation]	[Period]	[Dates]	[Days]	[Amount]														
21	Mr. [Name]	[Designation]	[Period]	[Dates]	[Days]	[Amount]														
22	Mr. [Name]	[Designation]	[Period]	[Dates]	[Days]	[Amount]														
23	Mr. [Name]	[Designation]	[Period]	[Dates]	[Days]	[Amount]														
24	Mr. [Name]	[Designation]	[Period]	[Dates]	[Days]	[Amount]														
25	Mr. [Name]	[Designation]	[Period]	[Dates]	[Days]	[Amount]														
26	Mr. [Name]	[Designation]	[Period]	[Dates]	[Days]	[Amount]														
27	Mr. [Name]	[Designation]	[Period]	[Dates]	[Days]	[Amount]														
28	Mr. [Name]	[Designation]	[Period]	[Dates]	[Days]	[Amount]														
29	Mr. [Name]	[Designation]	[Period]	[Dates]	[Days]	[Amount]														
30	Mr. [Name]	[Designation]	[Period]	[Dates]	[Days]	[Amount]														
31	Mr. [Name]	[Designation]	[Period]	[Dates]	[Days]	[Amount]														
32	Mr. [Name]	[Designation]	[Period]	[Dates]	[Days]	[Amount]														
33	Mr. [Name]	[Designation]	[Period]	[Dates]	[Days]	[Amount]														
34	Mr. [Name]	[Designation]	[Period]	[Dates]	[Days]	[Amount]														
35	Mr. [Name]	[Designation]	[Period]	[Dates]	[Days]	[Amount]														
36	Mr. [Name]	[Designation]	[Period]	[Dates]	[Days]	[Amount]														
37	Mr. [Name]	[Designation]	[Period]	[Dates]	[Days]	[Amount]														
38	Mr. [Name]	[Designation]	[Period]	[Dates]	[Days]	[Amount]														
39	Mr. [Name]	[Designation]	[Period]	[Dates]	[Days]	[Amount]														
40	Mr. [Name]	[Designation]	[Period]	[Dates]	[Days]	[Amount]														
41	Mr. [Name]	[Designation]	[Period]	[Dates]	[Days]	[Amount]														
42	Mr. [Name]	[Designation]	[Period]	[Dates]	[Days]	[Amount]														
43	Mr. [Name]	[Designation]	[Period]	[Dates]	[Days]	[Amount]														
44	Mr. [Name]	[Designation]	[Period]	[Dates]	[Days]	[Amount]														
45	Mr. [Name]	[Designation]	[Period]	[Dates]	[Days]	[Amount]														
46	Mr. [Name]	[Designation]	[Period]	[Dates]	[Days]	[Amount]														
47	Mr. [Name]	[Designation]	[Period]	[Dates]	[Days]	[Amount]														
48	Mr. [Name]	[Designation]	[Period]	[Dates]	[Days]	[Amount]														
49	Mr. [Name]	[Designation]	[Period]	[Dates]	[Days]	[Amount]														
50	Mr. [Name]	[Designation]	[Period]	[Dates]	[Days]	[Amount]														
51	Mr. [Name]	[Designation]	[Period]	[Dates]	[Days]	[Amount]														
52	Mr. [Name]	[Designation]	[Period]	[Dates]	[Days]	[Amount]														
53	Mr. [Name]	[Designation]	[Period]	[Dates]	[Days]	[Amount]														
54	Mr. [Name]	[Designation]	[Period]	[Dates]	[Days]	[Amount]														
55	Mr. [Name]	[Designation]	[Period]	[Dates]	[Days]	[Amount]														
56	Mr. [Name]	[Designation]	[Period]	[Dates]	[Days]	[Amount]														
57	Mr. [Name]	[Designation]	[Period]	[Dates]	[Days]	[Amount]														
58	Mr. [Name]	[Designation]	[Period]	[Dates]	[Days]	[Amount]														
59	Mr. [Name]	[Designation]	[Period]	[Dates]	[Days]	[Amount]														
60	Mr. [Name]	[Designation]	[Period]	[Dates]	[Days]	[Amount]														
61	Mr. [Name]	[Designation]	[Period]	[Dates]	[Days]	[Amount]														
62	Mr. [Name]	[Designation]	[Period]	[Dates]	[Days]	[Amount]														
63	Mr. [Name]	[Designation]	[Period]	[Dates]	[Days]	[Amount]														
64	Mr. [Name]	[Designation]	[Period]	[Dates]	[Days]	[Amount]														
65	Mr. [Name]	[Designation]	[Period]	[Dates]	[Days]	[Amount]														
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68	Mr. [Name]	[Designation]	[Period]	[Dates]	[Days]	[Amount]														
69	Mr. [Name]	[Designation]	[Period]	[Dates]	[Days]	[Amount]														
70	Mr. [Name]	[Designation]	[Period]	[Dates]	[Days]	[Amount]														
71	Mr. [Name]	[Designation]	[Period]	[Dates]	[Days]	[Amount]														
72	Mr. [Name]	[Designation]	[Period]	[Dates]	[Days]	[Amount]														
73	Mr. [Name]	[Designation]	[Period]	[Dates]	[Days]	[Amount]														
74	Mr. [Name]	[Designation]	[Period]	[Dates]	[Days]	[Amount]														
75	Mr. [Name]	[Designation]	[Period]	[Dates]	[Days]	[Amount]														
76	Mr. [Name]	[Designation]	[Period]	[Dates]	[Days]	[Amount]														
77	Mr. [Name]	[Designation]	[Period]	[Dates]	[Days]	[Amount]														
78	Mr. [Name]	[Designation]	[Period]	[Dates]	[Days]	[Amount]														
79	Mr. [Name]	[Designation]	[Period]	[Dates]	[Days]	[Amount]														
80	Mr. [Name]	[Designation]	[Period]	[Dates]	[Days]	[Amount]														
81	Mr. [Name]	[Designation]	[Period]	[Dates]	[Days]	[Amount]														
82	Mr. [Name]	[Designation]	[Period]	[Dates]	[Days]	[Amount]														
83	Mr. [Name]	[Designation]	[Period]	[Dates]	[Days]	[Amount]														
84	Mr. [Name]	[Designation]	[Period]	[Dates]	[Days]	[Amount]														
85	Mr. [Name]	[Designation]	[Period]	[Dates]	[Days]	[Amount]														
86	Mr. [Name]	[Designation]	[Period]	[Dates]	[Days]	[Amount]														
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89	Mr. [Name]	[Designation]	[Period]	[Dates]	[Days]	[Amount]														
90	Mr. [Name]	[Designation]	[Period]	[Dates]	[Days]	[Amount]														
91	Mr. [Name]	[Designation]	[Period]	[Dates]	[Days]	[Amount]														
92	Mr. [Name]	[Designation]	[Period]	[Dates]	[Days]	[Amount]														
93	Mr. [Name]	[Designation]	[Period]	[Dates]	[Days]	[Amount]														
94	Mr. [Name]	[Designation]	[Period]	[Dates]	[Days]	[Amount]														
95	Mr. [Name]	[Designation]	[Period]	[Dates]	[Days]	[Amount]														
96	Mr. [Name]	[Designation]	[Period]	[Dates]	[Days]	[Amount]														
97	Mr. [Name]	[Designation]	[Period]	[Dates]	[Days]	[Amount]														
98	Mr. [Name]	[Designation]	[Period]	[Dates]	[Days]	[Amount]														
99	Mr. [Name]	[Designation]	[Period]	[Dates]	[Days]	[Amount]														
100	Mr. [Name]	[Designation]	[Period]	[Dates]	[Days]	[Amount]														
TOTAL OR CHECKED HEREIN						100.00							100.00							

Supplementary Payroll

No. 2

Vol. 63

have received from Lt. Juan Gardiano, BFO, Pal. S., Bn. the sums herein specified being in just compensation for our services rendered during the period stated and certify.

ad opposite our res-
allow to the correctness

We hereby acknowledge

Rank	Period of Service	Pay	Due	Paid	Signature of Payee	Remarks
Sgt.	Sept. 1 - Oct. 31	\$30.00	\$30.00	\$30.00	<i>[Signature]</i>	
Sgt.	Sept. 1 - Oct. 31	30.00	30.00	30.00	<i>[Signature]</i>	
Sgt.	Sept. 1 - Oct. 31	30.00	30.00	30.00	<i>[Signature]</i>	
Guillermo	Cpl.	Sept. 1 - Oct. 31	35.00	35.00	<i>[Signature]</i>	Detached, 1 Oct. #44, Cpl.
Collano, Pedro	Pfc.	Sept. 1 - Oct. 31	30.00	30.00	<i>[Signature]</i>	
Palay, Amado	Pfc.	Sept. 1 - Oct. 31	30.00	30.00	<i>[Signature]</i>	
Tabang, Mariano	Pvt.	Sept. 1 - Oct. 31	30.00	30.00	<i>[Signature]</i>	

I. I CERTIFY on my official oath that the entries on this roll are correct and that service has been duly rendered as stated above. I hereby acknowledge my personal liability to the government, to the paying officer, and to the soldiers concerned for any error of fact found in the said entries.

III. I CERTIFY on my official oath that I have this date personally witnessed the payment of each soldier on whose name my signature appears. I hereby hold myself jointly liable with the paying officer in case this certificate proves erroneous in any particular.

Supporting papers

INSTITUTO LAGARON
Capt., Inf.
Bn. S-4

With the D.C.
2d Major Reyes
[Signature]
(Sig. of Adm. Officer)
2d. [Signature]
(Rank and Designation)

II. APPROVED FOR PAYMENT:

IV. I CERTIFY on my official oath that I have paid the soldier whose name appears on this roll the net amount set opposite his name.

VICENTE HELEN
1st. Lt. Inf.
Adjutant

Supporting Receipt
to Sept-Oct payroll
[Signature]

FOR CHIEF, INSTITUTO LAGARON
[Signature]
DIGNO MANTAVI
Sgt., Inf.
Chief Administrative Clerk

DECLASSIFIED
Authority: ND 4533078

40.00
40.00
40.00
40.00
10.00
40.00
40.00

2725- Northmanor Lane - (S-4)
Pasadena, Ca. 91104
March 44

DECLASSIFIED
Authority: NND 883078

Gettard 242.5 Hg

(Printed or Stamped)

PAY ROLL

Standard Form No. 121-A
Revised November, 1951

Sheet No. _____

We hereby acknowledge to have received from _____, Treasurer of _____, the sums herein specified opposite our respective names, the same being in full compensation for our services rendered during the period stated below, to the correctness of which we hereby severally certify.

Row No.	NAME	Organization	Item Number in Payroll for Year	PERIOD OF SERVICE (inclusive dates)	Weekly Rate of Pay	Amount Accrued for the Period	DEDUCTIONS					Amount Due	AMOUNT PAID		Specimen of Postage	Witness to Cash or Voucher Payment	Total Amount Due (Col. 5 -)	REMARKS
							IN GENERAL		FOR GOVERNMENT SERVICE		INSURANCE DEDUCTION		In Cash (Col. 8-1)	In Check (Col. 8-2)				
							Over Installments	Taxes and Retentions	AGENCY WITHHOLD PAY	3 Per Cent Premium	Extra Premium							
8	9	10	11	12	13	14	15	16	17	18	19							
1																		
2																		
3																		
4																		
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Pa. 250

Handwritten notes and signatures in the right margin, including names like 'James E. ...' and 'C. ...'.

3400 3400

(1) I HEREBY CERTIFY on my official oath that the above PAY ROLL is correct, and that services above stated have been duly rendered. Payment for such services is also hereby approved from the appropriations indicated.

Treasurer

Principal Auditor

(4) APPROVED:

Handwritten signature: James E. ...

(3) SUMMARY OF AMOUNT CREDITABLE TO GOVERNMENT SERVICE INSURANCE FUNDS:

Total of 3 per cent premium—Column 12 (employer's share) P _____

Total of 3 per cent premium—(Government share) _____

Total of extra premium for extra hazard—Column 14 _____

Total of additional insurance premium—Column 15 _____

GRAND TOTAL _____ P _____

(5) I HEREBY CERTIFY on my official oath that I have paid in cash to each official and employee whose name appears on the above roll the amount set opposite his name, under column 17, by having signed or marked his return under column 20 above, in my possession and at the time that payment was made to him, in acknowledgment of receipt of the money paid him.

(7) I HEREBY CERTIFY on my official oath that each employee whose name appears on the above roll has been paid in cash or in check, and in no other mode, the amount shown under column 18 or 19 above, opposite his name. The total of the payments made by me in this pay roll amounts to *19422.00* **TWENTY NINE THOUSAND ONLY** (\$ *19422.00*) pesos.

9-16 May 1942

James E. ...

DECLASSIFIED
Authority: *UNDP-3025*

V/556
PATROL

WEEKLY REPORT OF COMMUNICABLE DISEASES, MUNICIPALITY OF

TO DISTRICT HEALTH OFFICER

I HEREBY acknowledge to have received from the District Health Officer, P.O. No. 100, the sum therein specified on certificate and respective names, the same being in full compensation for the services rendered during the period stated below to the correctness of which we hereby severally certify.

WEEK ENDING 19

SERIAL NUMBER	NAME	AGE	SEX	PERIOD OF RESIDENCE (Place, Street, City and Municipality)	SERVICE Occupation	NATIONALITY	DATE REPORTED OR DISCOVERED	NUM- DIAGNOSIS	AMOUNT DATE OF ONSET	FOODS TAKEN DATE OF REPORT ONSET	DRINK- LING WATER	AMOUNT WASTE DISPOSAL	IMMUNIZATION NUMBER & BY IN- JECTORS	CULTURE PLACES VISITED	SIGNATURE OFFICIAL	REMARKS
1	Josquin Bernard	24	M	18-1-2-43	18-21-43	21-44	21-44	21-44	21-44	21-44	21-44	21-44	21-44	21-44	21-44	21-44
2	Francisco Lopez	24	M	18-1-2-43	18-21-43	21-44	21-44	21-44	21-44	21-44	21-44	21-44	21-44	21-44	21-44	21-44
3	Francisco Lopez	24	M	18-1-2-43	18-21-43	21-44	21-44	21-44	21-44	21-44	21-44	21-44	21-44	21-44	21-44	21-44
4	Paulino Rosales	24	M	18-1-2-43	18-21-43	21-44	21-44	21-44	21-44	21-44	21-44	21-44	21-44	21-44	21-44	21-44
5	Marino Diaz	24	M	18-1-2-43	18-21-43	21-44	21-44	21-44	21-44	21-44	21-44	21-44	21-44	21-44	21-44	21-44
6	Antonio Gomez	24	M	18-1-2-43	18-21-43	21-44	21-44	21-44	21-44	21-44	21-44	21-44	21-44	21-44	21-44	21-44
7	Al Lopez	24	M	18-1-2-43	18-21-43	21-44	21-44	21-44	21-44	21-44	21-44	21-44	21-44	21-44	21-44	21-44
8	Al Lopez	24	M	18-1-2-43	18-21-43	21-44	21-44	21-44	21-44	21-44	21-44	21-44	21-44	21-44	21-44	21-44
9	Al Lopez	24	M	18-1-2-43	18-21-43	21-44	21-44	21-44	21-44	21-44	21-44	21-44	21-44	21-44	21-44	21-44
10	Al Lopez	24	M	18-1-2-43	18-21-43	21-44	21-44	21-44	21-44	21-44	21-44	21-44	21-44	21-44	21-44	21-44

O. K.

President, Sanitary Division

DECLASSIFIED
Authority: NND 883078

Local Registrar or Sanitary Inspector

Done

2425

Debit Balance.	DEBITS.	Voucher No.	Date.	ITEM.	Date.	Voucher No.	CREDITS.	Credit Balance
	1. Major. A.P. MUYGO				P 7000		by J. C. Mayes	
	2. Lt. Agustin Valdeviso				5000		by M. S. Castro	
	3. Lt. Miguel Guba				4000		M. Guba	
	4. Lt. Agustin Tiampong				4000		Agustin Tiampong	
	5. Sgt. Pingoy Alberto				2000		Alberto Pingoy	
	6. Pfc. Balogo Ciriaco				1200		Ciriaco Balogo	
	7. Pfc. Biona Florentino				1200		by J. C. Mayes	
	8. Pfc. Bureag Rodrigo				1200		by Alfonso Pabon	
	9. Pfc. Jagorin Javier				1200		by J. C. Mayes	
	10. Pfc. Montero Pálicarpio				1200		Policarpo Montero	
	11. Pfc. Paclibar Toribio				1200		by J. C. Mayes	
	12. Pfc. Seropia Celestino				1200		by M. S. Castro	
	13. Pvt. Agravante Miguel				1200		by B. S. Deed	
	14. Pvt. Balandres Crásanto				1200			
	15. Pvt. Cerbaz Lumberto				1200			
	16. Pvt. Espinoza Ruperto				1200			
	17. Pvt. Diana Eustico				1200			
	18. Pvt. Guidote Luis				1200			
	19. Pvt. Jagorin Gerardo				1200			
	20. Pvt. Labrador Domingo				1200			
	21. Pvt. Labtic Manuel				1200			
	22. Pvt. Laidia Leopoldo				1200			
	23. Magbanua, Lodivico				1200			
	24. Padrones Cristomo				1200			
	25. Pfc. Padernal Benjamin				1200			
	26. Pvt. Padoginog Juan				1200			
	27. Pvt. Solanoy Ricardo				1200			
	28. Pvt. Sustiguer Jose				1200			
	TOTAL							\$508.00

*Balandres Crásanto
 his check not*

30 Pvt. Julius Martinez *pl. by Rubin* 12.00 *Julius Martinez*

CERTIFIED CORRECT:
Alfonso Pabon
 Alfonso M. RUBIN
 3rd Lt. G-4
 on duty, G-4

RECEIVED THE ABOVE AMOUNT \$508.00
 FROM Lt. ALFONSO M. RUBIN.
 AGUSTIN TIAMPONG
 3rd Lt. Inf.
 Acctg. Dept. G-4

EM WHO HAVE STILL BALANCE

debit alance.	DEBITS.	Voucher No.	Date.	ITEM.	Date.	Voucher No.	CREDITS.	Credit Balance.
					BALANCE			
		1.		Pvt. MUSTAQUIO VAYOLA			by <i>Esteban</i>	
		2.		Pvt. Cruz Padios			<i>Cruz Padios</i>	
		3.		Pvt. Nicanor Palmes			<i>Nicanor Palmes</i>	
		4.		Pvt. Leonardo Dapodang			<i>Leonardo Dapodang</i>	
		5.		Pvt. Alvaro Paciente			<i>Alvaro Paciente</i>	
		6.		Pvt. Lamberto Madicum			<i>Lamberto Madicum</i>	
		7.		Pvt. Benjamin Lapastora			<i>Benjamin Lapastora</i>	
		8.		Pvt. Pagdato Ricardo			<i>Pagdato Ricardo</i>	
		9.		Pvt. Juanico Florito			<i>Juanico Florito</i>	
		10.		Pvt. Eladio Lantacaon			<i>Eladio Lantacaon</i>	
		11.		Pvt. Patrocenio Lasafin			<i>Patrocenio Lasafin</i>	
		12.		Pvt. Teotimo Villanueva			<i>Teotimo Villanueva</i>	
		13.		Pvt. Florentino Spbog			<i>Florentino Spbog</i>	
		14.		Pvt. Diego Dedal			<i>Diego Dedal</i>	
		15.		Pvt. Gil Lorodo			<i>Gil Lorodo</i>	
		16.		Pvt. Abundio Lopez			<i>Abundio Lopez</i>	
		17.		Pvt. Alfonso Pabilona			<i>Alfonso Pabilona</i>	
		18.		Pvt. Juan Padojenog			<i>Juan Padojenog</i>	
		19.		Pvt. Gregogono Palec			<i>Gregogono Palec</i>	
		20.		Pvt. Lamberto Purlas			<i>Lamberto Purlas</i>	
		21.		Pvt. Juan Garrido			<i>Juan Garrido</i>	
		22.		Pvt. Felix Dabocan			<i>Felix Dabocan</i>	
		23.		Pvt. Lagutang Peigrino			<i>Lagutang Peigrino</i>	
		24.		Pvt. Genaro Aguilar			<i>Genaro Aguilar</i>	
		25.		Pvt. Valerio Parreño			<i>Valerio Parreño</i>	
		26.		Pvt. Ramon Mercado			<i>Ramon Mercado</i>	
		27.		Pvt. Ernesto Cargason			<i>Ernesto Cargason</i>	
		28.		Pvt. Cartil Maximino			<i>Cartil Maximino</i>	
		29.		Pvt. Guido Panes			<i>Guido Panes</i>	
				TOTAL			668.00	

CERTIFIED CORRECT;

[Signature]
 ANTONIO M. RUBIN
 3rd Lt. SMS
 On duty, C-4

[Signature]
 by

RECEIVED THE ABOVE AMOUNT 668.00
 FROM LT. M. RUBIN

[Signature]
 ANTONIO M. RUBIN
 3rd Lt. Inf.
 Acctg. Dept. C-4

242.5 - (2) 5-4-1964
D. L. H.

DECLASSIFIED
Authority: ND 833078

042.5—S-47001- Palawan Sp. Am.
Rec. 44

DECLASSIFIED
Authority: NND 883078

S-4 PALAWAN SPI BN

242.5 - S-4 Section Palawan SPI BN
Rec. 48

DECLASSIFIED
Authority: 10/2883078

WEEKLY REPORT OF COMMUNICABLE DISEASES, MUNICIPALITY OF

TO DISTRICT HEALTH OFFICER

In the knowledge to have received from St. John's Hospital No. 220, St. St. St., the sum herein specified opposite our respective names, the same being in full compensation of the services rendered during the period stated below to the correctness of which we hereby severally certify.

WEEK ENDING 19

944 = total
242

SERIAL NO. AND SEX	NAME	AGE	SEX	RESIDENCE (Place, Ward, Sts. and Municipality)	SERVICE OCCUPATION	NATIVITY	DATE REPORTED OR DISCOVERED	NUM. DROUGHTS	DATE OF ONSET	FOOD TAKEN DATE BEFORE ONSET	DRINKING WATER	WASTE DISPOSAL	IMMUNIZATION NUMBER OF INJECTIONS	ISOLATED OR POST-MORTEM	PLACES VISITED	SIGNATURE	TERMINATION	REMARKS
1	Joséphine Paré	32	F	12 - 1 - 43	12 - 31-43	FR	10 00	1	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00
2	Francine Lévesque	3	F	12 - 1 - 43	12 - 31-43	FR	10 00	1	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00
3	Trine Lévesque	2	F	12 - 1 - 43	12 - 31-43	FR	10 00	1	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00
4	William Desrosiers	2	M	12 - 1 - 43	12 - 31-43	FR	10 00	1	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00
5	Henriette Lévesque	2	F	12 - 1 - 43	12 - 31-43	FR	10 00	1	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00
6	Clément Lévesque	2	M	12 - 1 - 43	12 - 31-43	FR	10 00	1	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00
7	Clément Lévesque	2	M	12 - 1 - 43	12 - 31-43	FR	10 00	1	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00
8	Clément Lévesque	2	M	12 - 1 - 43	12 - 31-43	FR	10 00	1	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00
9	Clément Lévesque	2	M	12 - 1 - 43	12 - 31-43	FR	10 00	1	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00
10	Clément Lévesque	2	M	12 - 1 - 43	12 - 31-43	FR	10 00	1	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00
11	Clément Lévesque	2	M	12 - 1 - 43	12 - 31-43	FR	10 00	1	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00
12	Clément Lévesque	2	M	12 - 1 - 43	12 - 31-43	FR	10 00	1	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00
13	Clément Lévesque	2	M	12 - 1 - 43	12 - 31-43	FR	10 00	1	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00
14	Clément Lévesque	2	M	12 - 1 - 43	12 - 31-43	FR	10 00	1	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00
15	Clément Lévesque	2	M	12 - 1 - 43	12 - 31-43	FR	10 00	1	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00
16	Clément Lévesque	2	M	12 - 1 - 43	12 - 31-43	FR	10 00	1	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00
17	Clément Lévesque	2	M	12 - 1 - 43	12 - 31-43	FR	10 00	1	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00
18	Clément Lévesque	2	M	12 - 1 - 43	12 - 31-43	FR	10 00	1	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00
19	Clément Lévesque	2	M	12 - 1 - 43	12 - 31-43	FR	10 00	1	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00
20	Clément Lévesque	2	M	12 - 1 - 43	12 - 31-43	FR	10 00	1	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00
21	Clément Lévesque	2	M	12 - 1 - 43	12 - 31-43	FR	10 00	1	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00
22	Clément Lévesque	2	M	12 - 1 - 43	12 - 31-43	FR	10 00	1	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00
23	Clément Lévesque	2	M	12 - 1 - 43	12 - 31-43	FR	10 00	1	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00
24	Clément Lévesque	2	M	12 - 1 - 43	12 - 31-43	FR	10 00	1	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00
25	Clément Lévesque	2	M	12 - 1 - 43	12 - 31-43	FR	10 00	1	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00
26	Clément Lévesque	2	M	12 - 1 - 43	12 - 31-43	FR	10 00	1	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00
27	Clément Lévesque	2	M	12 - 1 - 43	12 - 31-43	FR	10 00	1	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00
28	Clément Lévesque	2	M	12 - 1 - 43	12 - 31-43	FR	10 00	1	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00
29	Clément Lévesque	2	M	12 - 1 - 43	12 - 31-43	FR	10 00	1	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00
30	Clément Lévesque	2	M	12 - 1 - 43	12 - 31-43	FR	10 00	1	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00
31	Clément Lévesque	2	M	12 - 1 - 43	12 - 31-43	FR	10 00	1	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00
32	Clément Lévesque	2	M	12 - 1 - 43	12 - 31-43	FR	10 00	1	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00
33	Clément Lévesque	2	M	12 - 1 - 43	12 - 31-43	FR	10 00	1	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00
34	Clément Lévesque	2	M	12 - 1 - 43	12 - 31-43	FR	10 00	1	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00
35	Clément Lévesque	2	M	12 - 1 - 43	12 - 31-43	FR	10 00	1	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00
36	Clément Lévesque	2	M	12 - 1 - 43	12 - 31-43	FR	10 00	1	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00
37	Clément Lévesque	2	M	12 - 1 - 43	12 - 31-43	FR	10 00	1	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00
38	Clément Lévesque	2	M	12 - 1 - 43	12 - 31-43	FR	10 00	1	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00
39	Clément Lévesque	2	M	12 - 1 - 43	12 - 31-43	FR	10 00	1	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00
40	Clément Lévesque	2	M	12 - 1 - 43	12 - 31-43	FR	10 00	1	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00
41	Clément Lévesque	2	M	12 - 1 - 43	12 - 31-43	FR	10 00	1	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00
42	Clément Lévesque	2	M	12 - 1 - 43	12 - 31-43	FR	10 00	1	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00
43	Clément Lévesque	2	M	12 - 1 - 43	12 - 31-43	FR	10 00	1	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00
44	Clément Lévesque	2	M	12 - 1 - 43	12 - 31-43	FR	10 00	1	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00
45	Clément Lévesque	2	M	12 - 1 - 43	12 - 31-43	FR	10 00	1	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00
46	Clément Lévesque	2	M	12 - 1 - 43	12 - 31-43	FR	10 00	1	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00
47	Clément Lévesque	2	M	12 - 1 - 43	12 - 31-43	FR	10 00	1	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00
48	Clément Lévesque	2	M	12 - 1 - 43	12 - 31-43	FR	10 00	1	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00
49	Clément Lévesque	2	M	12 - 1 - 43	12 - 31-43	FR	10 00	1	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00
50	Clément Lévesque	2	M	12 - 1 - 43	12 - 31-43	FR	10 00	1	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00	28 00

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O. K.

