

HA MED. SECTION OTS 6" REPT. AD

242.5
MEDICAL SEC., OTS 6" REPL BN
(PA)

JULY-DEC '45

Sept '45

DECLASSIFIED
Authority NW883078

HQ. MEDICAL SECTION OTS PAYROLL
OTS HQ.

Difference in pay of enlisted men per NPA Circular 194 for the period from July to December 1945 inclusive.

Nos.	NAMES	RANK	PERIOD OF SERVICE	MONTHLY RATE		AMT. DUE	
				INCLUSIVE DATE	OF PAY		
			FROM	TO	OLD	NEW	
1.	Rapicopian, Alberto	As Sgt.	1 July '45	31 Dec 45	\$51.00	\$70.00	\$114.00
2.	Alba, Mercedes	Sgt.	1 July '45	31 Dec 45	\$51.00	\$70.00	\$114.00
3.	Biggs, Florence	Sgt.	1 July '45	31 Dec 45	\$51.00	\$70.00	\$114.00
4.	Campos, Jose	Pvt.	1 July '45	31 Dec 45	\$22.00	\$47.00	\$156.00
5.	Valentuna, Helarion	Pvt.	1 July '45	31 Dec 45	\$22.00	\$47.00	\$156.00
6.	Arbolada, Federico	Pvt.	1 July '45	31 Dec 45	\$18.00	\$43.00	\$150.00
7.	Bastaraco, Achilio	Pvt.	1 July '45	31 Dec 45	\$18.00	\$43.00	\$150.00
8.	Dalibay, Amelio	Pvt.	1 July '45	31 Dec 45	\$18.00	\$43.00	\$150.00
9.	Millera, Guisela	Pvt.	1 July '45	31 Dec 45	\$18.00	\$43.00	\$150.00
10.	More, Isaac	Pvt.	1 July '45	31 Dec 45	\$18.00	\$43.00	\$150.00
11.	Sunals, Edgardo	Pvt.	1 July '45	31 Dec 45	\$18.00	\$43.00	\$150.00

TOTAL 91,542.00

AMOUNT CARRIED FORWARD.

I hereby certify on my official oath that the above payroll is correct and that the service above stated have been duly rendered. Payment for such service is hereby approved from the appropriations indicated.

Pedro Y. Yatar
Pedro Y. Yatar - 026781
Major Inf
actg Commandant
OTS

I hereby certify on my official oath that I personally witnessed the payment of the above payroll as set opposite their names corresponding to the amount set opposite each also.

J. J. ...
J. J. ...
Capt Surgeon OTS
Repl. No.

I hereby certify on my official oath that I have personally paid the above enlisted men corresponding to the amount set opposite their names.

APPROVED FOR PAYMENT:
Pedro Y. Yatar (0-26781)
Pedro Y. Yatar

Major Inf.
actg. Commandant OTS

PROVINCIAL FORM NO. 28(A)
REVISED MAY 1936

242

V-58

FIELD NO.
FELIX G. ...
CAPTAIN
DD. ...

No.	DATE PROCESSED	AMOUNT IN CASH		AMOUNT IN CHECK		SIGNATURE OF PAYEE	WITNESS
		GR. A.1	GR. A.1	GR. A.1	GR. A.1		
1.	6 June 45	16	17			<i>Alba</i>	
2.	3 June 45					<i>Alba</i>	
3.	3 June 45					<i>Alba</i>	
4.	3 June 45					<i>Alba</i>	
5.	10 June					<i>Alba</i>	
6.	28 May 45					<i>Alba</i>	
7.	3 June 45					<i>Alba</i>	
8.	3 June 45					<i>Alba</i>	
9.	3 June 45					<i>Alba</i>	
10.	22 May 45					<i>Alba</i>	
11.	22 May 45					<i>Alba</i>	

DECLASSIFIED
Authority: 100-883578

CERTIFICATION

This is to certify that the men appearing in this payroll have no money nor property responsibility for the period that they have no pending charges against them (Military & Civil) and that they have no AWOL.

James P. 0-27316
NOSE C. MIRAFLORES
Capt, MC

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DECLASSIFIED
Authority *100-833076*

Provincial Form No. 38 (a)

Voucher No. _____

Difference in Pay of Enlisted Men from the month of July '45 upto December 1945.

Computation Pay _____ Paid by _____

Treasurer of _____ Disbursing Officer 26th Disbursing (PA)
Province of Iloilo

Classification	ENTRIES	
	Debit	Credit
Blank	_____	_____
TOTAL ?	_____	_____

Checked: _____
Computed by _____
Classified by _____
To salary card by _____
To cash on hand by _____
To Journal by _____
Received by _____

242

2053

UNITED STATES GOVERNMENT
Payroll for Sept. '45

Unless otherwise indicated in the schedule column
all men are last paid to include 31 August '45.

1. Aid pay
2. Basic pay
3. Payroll
4. Payroll
5. Payroll
6. Payroll
7. Payroll
8. Payroll
9. Payroll
10. Payroll

I hereby acknowledge receipt in each of the amount
shown in the "Amount Paid" column opposite our respective
names.

NAME	AMOUNT PAID	DATE	INITIALS	REMARKS	
1. Salary,	10012031 13.00	3.00	126.00	205.00	Period
2. Payroll					
3. Payroll					
4. Payroll					
5. Payroll					
6. Payroll					
7. Payroll					
8. Payroll					
9. Payroll					
10. Payroll					
TOTAL			46.00	13.00	

Calison

Richard

I certify under my official oath that the
above persons rendered service during the per-
iod covered by this payroll and that where
quarters allowances were included in their
payroll the same are included in their
payroll thereunder under existing regulations.

I certify under my official oath that
I have witnessed the payment of the pay-
roll and that each man received the amount
set opposite their respective names.

J. Sygencco
JOSE A. SYGENCCO
Capt. MC

W. J. A. Berber
W. J. A. Berber
Capt. Inf.

APPROVED FOR PAYMENT

[Signature]
[Signature]
[Signature]

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

This is to certify that the EM in
this payroll were not included in the
payroll for Sept '45 by reason of trans-
fer.

J. Sygencco
JOSE A. SYGENCCO
Captain, MC

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