

Pio. & Demo. Pfln. Buenavista Regt. 242.5 PAUROLLS
- Oct. '45

2nd MD

DECLASSIFIED
Authority hnd 883078

PAY ROLL
OF

Voucher No. _____

P/O. & MGR. PLT. BUENA VISTA REGIMENT 3rd Bn.
(Organization) (Regiment)

BACNOTAN, LA UNION
(Station) (Principal arms)

(Disbursing officer)

For month of July - 31 October 45, 1945

Paid _____, 19__

Pay of Army, 19____, _____
Pay of Army, 19____, _____
Pay of Army, 19____, _____

86
(Station) (Date)
I certify that this roll is made out as required by Army Regulation and / or subsistence allowance is due the soldier was not furnished ration in kind nor received the equivalent thereof in month that either he his family, nor any one dependent on him has occupied government quarters and that for the period that dependents actually occupied quarters at the address shown. Except as otherwise stated its men was as

paid to _____
by _____

Commanding Organize

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."

Commanding Organization

Note- This certificate will be signed only on the copy of the pay roll which bears signature of the 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.

Commanding Organization

Note- This certificate will be

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PAY ROLL
OF

Voucher No. _____

PIC. & DEMO. PLT. BUENA VISTA REGIMENT 3rd Bn.
(Organization) (Regiment)

BACNOTAN LA UNION
(Station) (Principal arms)

(Disbursing officer)

For month of July - 31 October 45, 1945

Paid _____, 19__

Pay of Army, 19__, _____ \$ _____
(Station) (Date)

Pay of Army, 19__, _____ \$ _____

Pay of Army, 19__, _____ \$ _____

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Commanding Organization
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**COMMONWEALTH OF THE PHILIPPINES
DEPARTMENT OF NATIONAL DEFENSE**

PIC. & DEMO. CO. BUENA VISTA RECT. 3RD BN. P.A.

DIFFERENTIAL PAY PAYABLE BY THE COMMONWEALTH GOVERNMENT FUND

DATE OF ENLISTMENT (Induction or call to active duty)	Number of years service	GRADE AND COMPONENT (Names of dependents and, where applicable, determination of dependency to be noted as "Attached" or "Filed with Voucher No.")	SERIAL No.	MONTHS				COLLECTIONS	
				Month and year deducted	Class N	Class E	Class D	Class F	Class A pay reservations
1 26 May 45		CORPORAL							
2 "		Isidro Pinaros	157107	Due sol bonus			1 July - 31 October	45	
3 26 May 45		PRIVATE FIRST CLASS							
4 "		Alejandro Villar	157134	Due sol bonus			1 July - 31 October	45	
5		END OF ROLL							
6									
7									
8									
9									
10									
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26									
27									

(FASTEN ALONG THIS EDGE)

DECLASSIFIED
Authority hnd 883078

We hereby acknowledge receipt IN CASH of amounts in the column "Balance Paid" set opposite our respective names, and in case of payment of quarters allowances we certify that we (our dependents) actually occupied quarters at the addresses shown during the period for which allowed, and that during the current period for which allowances are claimed we have made contributions for the support of our dependents listed hereon at a rate approximately equal to the rate of contributions for the support of the same dependents as shown in affidavits and/or certificates herewith or heretofore submitted and that there has not been a material change in the status of dependents nor degree of dependency as stated therein.

COLLECTIONS—(continued)				ALLOW- ANCE FOR SUBSIST- ENCE	TOTAL AMOUNT DUE		TOTAL COLLEC- TIONS		BALANCE PAID		
Individ- uals and Agencies	Soldiers Home										
											1
											2
											3
											4
											5
											6
											7
											8
											9
											10
											11
											12
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Authority hnd 883078

COMMONWEALTH OF THE PHILIPPINE
DEPARTMENT OF NATIONAL DEFENSE

PIC. & DEMO. CO. BUENA VISTA REGT. 330 BN. P.

DATE OF ENLISTMENT (Induction or call to active duty)	Number of years service	NAMES, PRESENT AND ABSENT BY GRADE AND COMPONENT (Names of dependents and, where applicable, determination of dependency to be noted as "Attached" or "Filed with Voucher No.")	SERIAL No.	ALLOTMENTS				COLLECTIONS	
				Month and year deducted	Class N	Class E	Class D	Class F	Class A pay reservations
1 26 May 45		CORPORAL							
2 "		Isidro Pinaroc	157107	Due sol bonus			1 July-	31 October	45
3 26 May 45		PRIVATE FIRST CLASS		"					
4 "		Alejandro Villar	157134	Due sol bonus			1 July-	31 October	45
5 "		END OF ROLL		"					
6									
7									
8									
9									
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COLLECTIONS—(continued)				ALLOW- ANCE FOR SUBSIST- ENCE	TOTAL AMOUNT DUE	TOTAL COLLEC- TIONS	BALANCE PAID	We hereby acknowledge receipt IN CASH of amounts in the column "Balance Paid" set opposite our respective names, and in case of payment of quarters allowances we certify that we (our dependents) actually occupied quarters at the addresses shown during the period for which allowed, and that during the current period for which allowances are claimed we have made contributions for the support of our dependents listed hereon at a rate approximately equal to the rate of contributions for the support of the same dependents as shown in affidavits and/or certificates herewith or heretofore submitted and that there has not been a material change in the status of dependents nor degree of dependency as stated therein.
Individuals and Agencies	Soldiers Home							
								1
								2
								3
								4
								5
								6
								7
								8
								9
								10
								11
								12
								13
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COLLECTIONS—(continued)				ALLOW- ANCE FOR SUBSIST- ENCE	TOTAL AMOUNT DUE	TOTAL COLLEC- TIONS	BALANCE PAID	
New Individuals and Agencies	Old Soldiers Home		Diff					
								1
60.00	37.00	.	23.00		92.00		92.00	2
								3
47.00	22.00		25.00		100.00		100.00	4
								5
								6
								7
								8
								9
								10
								11
								12
								13
								14
								15
								16
								17
								18
								19
								20
								21
								22
								23
								24
								25
								26
								27

We hereby acknowledge receipt IN CASH of amounts in the column "Balance Paid" set opposite our respective names, and in case of payment of quarters allowances we certify that we (our dependents) actually occupied quarters at the addresses shown during the period for which allowed, and that during the current period for which allowances are claimed we have made contributions for the support of our dependents listed hereon at a rate approximately equal to the rate of contributions for the support of the same dependents as shown in affidavits and/or certificates herewith or heretofore submitted and that there has not been a material change in the status of dependents nor degree of dependency as stated therein.

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Authority hnd 883078

DATE OF ENLISTMENT (Induction or call to active duty)	Number of years service	NAMES, PRESENT AND ABSENT BY GRADE AND COMPONENT (Names of dependents and, where applicable, determination of dependency to be noted as "Attached" or "Filed with Voucher No.")	SERIAL No.	ALLOTMENTS					COLLECTIONS	
				Month and year deducted	Class N	Class E	Class D	Class F	Class A pay reservations	Government laundry
1										
2										
3										
4										
5										
6										
7										
8										
9										
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We hereby acknowledge receipt of the amounts in column "Balance paid" set opposite our respective names, IN CASH, and in case of payment of quarters allowances we certify that we actually occupied quarters at the addresses shown during the period for which allowed.
(Not to be signed in duplicate.)

ANALYSIS OF COLLECTIONS.

Individuals and agencies. Base Pay	Allotments. qtrs	Total amount due.	Amount of stoppages.	Balance paid.	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26	ANALYSIS OF COLLECTIONS.			
						Fin.	M.R.		
70.00	16.00	70.00		86.00	<i>[Signature]</i>				
102.00	24.00	126.00		126.00	<i>Vicente J. Romero</i>				
37.00	12.00	37.00		37.00	<i>Benjamin S. Agayo</i>				
44.00		44.00		44.00	<i>Victorino R. Estrella</i>				
101.00		101.00		101.00	<i>Faustino Forte</i>				
44.00		44.00		44.00	<i>Ruben S. Salazar</i>				
36.00		36.00		36.00	<i>Amando Delangin</i>				
	Not Used								
	Not Used								
	Not Used								
	Not Used								
	Not Used								
	Not used								
	Not Used								
	Not Used								
	Not Used								
	Not used								

(Fasten along this edge)

D 486.70
For Audited 8/22/45
Spaulding

NAMES, PRESENT AND ABSENT, GRADE, AND SERIAL NUMBER.	DATE OF ENLISTMENT.	No. Yrs. Ser.	Spec. Rating.	ALLOWANCES.		DEDUCTIONS.		
				Subs.	Qrs.	Gov't. Ins. Cl.-D.	Allotment Cl.-E.	Gov't. Laundry.
1.....								
2.....								
3.....								
4.....								
5.....								
6.....								
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24.....								
25.....								
26.....								

I hereby certify that the men mentioned in this payroll are members of the Medical Company, 12th Cavalry Regiment, a guerrilla unit duly recognized and that they were not paid their base pay and quarters allowance, if any, during the period indicated under their names.

I further certify that the men mentioned in this payroll who are given quarter allowance have filed their affidavits in this office & that they are married; and had submitted their affidavits to the Finance Officer.

[Signature]
 Lt Colonel
 Asst. Adjutant General

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PAY ROLL
OF

Voucher No. _____

P.O. & MEMO. FLT. BUENA VISTA REGIMENT 3rd Bn.
(Organization) (Regiment)

BACHOTAN LA UNION
(Station) (Principal arms)

(Disbursing officer)

For month of July - 31 October 45, 1945

Paid _____, 19__

Pay of Army, 19____, _____
Pay of Army, 19____, _____
Pay of army, 19____, _____

SS _____
(Station) (Date)
I certify that this roll is made out as required by Army Regulation and / or subsistence allowance is due the soldier was not furnished ration in kind nor received the equivalent thereof in month that either he his family, nor any one dependent on him has occupied government quarters and that for the period that dependents actually occupied quarters at the address shown. Except as otherwise stated its men was as

paid to _____
by _____

Commanding Organize

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".

Commanding Organization

Note- This certificate will be signed only on the copy of the pay roll which bears signature of the paymaster 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.

Commanding Organization

Note- This certificate will be

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PAY ROLL
OF

Voucher No. _____

PIO. & QMG. PLT. BUENA VISTA REGIMENT 3rd Bn.
(Organization) (Regiment)

BACNOTAN, LA UNION
(Station) (Principal arms)

(Disbursing officer)

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Pay of Army, 19____, _____
Pay of Army, 19____, _____
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(Station) (Date)
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217-12
0 12
Dec 12

paid to _____
by _____

Commanding Organize

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