

242.5 Payrolls 2nd MD
Med. Det. 1st Bn. 1st Grln. Regt.
June '45

DECLASSIFIED

Authority 883078

242.5 PAYROLLS 2nd MD
MED. Det. 1st Bn. 1st Gr Ia. Regt.
JUNE '45

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*242.5 Payroll
Med. Det. 1st Bn.
1st Gr Ia. Regt.
June 1945
2nd MD*

Provisional Work

PAYROLL FOR PARTIAL PAYMENTS

Abstract No. 17
Voucher No. 569

OFFICERS: QUARTER ALLOWANCE
ENLISTED MEN

Organization MEDICAL DETACH 1ST BN 1ST GUR Attached to 25th INFANTRY DIVISION
REGT

We hereby acknowledge receipt in CASH of amounts in the column "Amount Paid" set opposite our respective names. 20 JANUARY 1945 - 30 JUNE 1945

No.	NAME	RANK	SERIAL NO.	MONTHLY BASE PAY	DATE COVERED	AMOUNT PAID	SIGNATURE OF PAYEE
✓	Mananguil, Domiciano	S/Sgt		₱16.00	1-20 to 6-30 1945	₱86.19	Mananguil
✓	Archeta, Catalino	S/Sgt		₱16.00	do	₱86.19	Cata Archeta
✓	Palang, Bernardo	S/Sgt		₱16.00	do	₱86.19	Palang
	Casayuran, Emilio	S/Sgt		₱16.00	do	₱86.19	Emilio B Casayuran
✓	Mejia, Pablo	Sgt		₱12.00	do	₱64.64	Pablo Mejia
✓	Soriano, Ireneo	Sgt		₱12.00	do	₱64.64	Daniels
	XXXXXXXXXXXX	Sgt		₱12.00	do	₱64.64	
	Domingo, Regino	Cpl		₱12.00	do	₱64.64	Domingo Regino
✓	Jose, Emeterio	Cpl		₱12.00	do	₱64.64	Emeterio Jose
	Villaflores, Maximo	Cpl		₱12.00	do	₱64.64	Maximo Villaflores
	Dumico, Guillermo	Cpl		₱12.00	do	₱64.64	Guillermo Dumico
✓	Resmenia, Santiago	Cpl		₱12.00	do	₱64.64	Santiago Resmenia
	Agun, Claudio	Pfc		₱9.00	do	₱43.09	Claudio Agun
✓	Pablo, Genaro	Pfc		₱9.00	do	₱43.09	Genaro Pablo
	Pablo, Prisco	Pfc		₱9.00	do	₱43.09	

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NO.	NAME	RANK	SERIAL NO.	MONTHLY BASE PAY	DATE COVERED	AMOUNT PAID	SIGNATURE OF PAYEE
✓	Garcia, Antonio	Pfc		\$8.00	6-30 to	\$43.09	Antonio Garcia
✓	Locagan, Perfecto	Pfc		\$8.00	do	\$43.09	Perfecto Locagan

TOTAL) - - - - - P ~~861.87~~ 797.23

This voucher consist of 2 sheets.
I certify under my official oath that entries pertaining to each name are correct and that the above persons rendered services covered by this payroll.

[Signature]
Unit Commander
Capt. M. C.
Rank, Organization

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

[Signature]
Disbursing Officer
3rd Lt. FS (PA)
Rank, Organization

APPROVED FOR PAYMENT:

[Signature]
(Commanding Officer)
Lt. Col. FA
(Rank, Organization)

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

[Signature]
Witnessing Officer
[Signature]
(Rank, Organization)

I certify that the rank of each Officer & EM appearing in this ROLL is true and correct at the time they were attached to the _____.

[Signature]
(Organizer)

(Date)

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