

242.5 PAYROLLS
MED. DET. 2nd Bn. 1st Regt. PA-LGAF
SEPT. '45

2nd MD

DECLASSIFIED
Authority NND883078

DECLASSIFIED

Authority AVD 883078

Payroll - 1945
"F" Co 2nd Bn
1st Regt. PA LGAF
Attached to 2nd Inf Div.
2nd MO

S U P P L E M E N T A R Y

AL FORM

Page 1

7/24

Abstract No. _____
 Voucher No. _____

ENLISTED MEN

} PAYROLL

Date covered by this PAYROLL 1 September '45 to 30 September '45

Organization Medical Detachment, 2nd Bn., 1st Regt. PA LCAF Attached to UNAFIF III.

I hereby acknowledge receipt in CASH of amount in column "Amount Paid" set opposite my name:

No.	NAME	ASN	RANK	QTR.	ALL.	BASE PAY	TOTAL	CL. "H"	AMOUNT PAID	SIGNATURE OF PAYEE
1.	Mercado, Nemesio	1201310	Pfc.							
	Due sol pay									
	& qtr. all.									
	fr. 1 Sept.									
	to 30 Sept. '45				8.00	22.00	30.00	2.76	27.24	<i>Nemesio Mercado</i>

C E R T I F I C A T E

I certify that Pfc. Nemesio Mercado, Medical Detachment, 2nd Bn., 1st Regt. PA LCAF has not been paid his salary for the period 1 September, 1945 to 30 September, 1945, for reason that he was sick in hospital during the pay day.

Rodrigo A. Guico
 RODRIGO A. GUICO F-54216
 1st Lt., MC

I certify that the Enlisted Man shown in the face of this payroll have rendered services corresponding to the date covered by this payroll.

I also certify that he had already filled his marriage affidavit and was attached to his previous payrolls.

Rodrigo A. Guico
 RODRIGO A. GUICO
 1st Lt., MC
 Commanding

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

Lino Balderas

LINO BALDERAS

(Witnessing Officer)

1st Lt. FO. 1st Regt. PA IGAF

(Rank)

(Organization)

I certify that the rank and presence of each Enlisted Man appearing in this ROLL is true and correct.

Roberto A. Guico

ROBERTO A. GUICO

1st Lt. MG 1st Regt. PA IGAF

CO Medical Detachment 2nd Bn.

APPROVED FOR PAYMENT:

R. J. Fauro
R. J. FAURO
Major, Inf.
Commanding

Official oath that I have personally paid men appearing in this ROLL in the amount.

(Disbursing Officer)

DECLASSIFIED
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PAY ROLL
 OF

Voucher No. _____

(Organization) (Regiment)

(Station) (Principal arms)

(Disbursing officer)

For month of _____, 19____ Paid _____, 19____

Pay of Army, 19____	\$ _____
Pay of Army, 19____	\$ _____
Pay of Army, 19____	\$ _____
Subs., 19____ (PA _____)	\$ _____
Subs., 19____ (PA _____)	\$ _____
C. & E., 19____ (PA _____)	\$ _____
C. & E., 19____ (PA _____)	\$ _____
Total amount disbursed	\$ _____

(Station) (Date)
 I certify that this roll is made out as required by Army Regulations and/or subsistence allowance is due the soldier was not furnished ration in kind nor received the equivalent thereof in month; that neither he, his family, nor any one dependent on him has occupied government quarters and that for the period that quarters allowance is due, he or his dependents actually occupied quarters at the address shown. Except as otherwise stated its men was last

Information:

\$ _____	Ins. and almts.
\$ _____	Qrs. (PA _____)
\$ _____	
\$ _____	
\$ _____	

paid to _____
 by _____

 Commanding Organization

COLLECTIONS

Finance collections	\$ _____
(PA _____)	\$ _____
(PA _____)	\$ _____
(PA _____)	\$ _____

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 men for payment in cash.

Misc. Gov't Laundry	\$ _____
Re- Overhead charges	\$ _____
ceipts C.M. Fines	\$ _____
Prof. by des	\$ _____
	\$ _____

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 thereon.

Commanding Organization

Note- This certificate will be signed only on the copy of the roll not receipted, and which constitutes the disbursing officer's RETAINED Voucher.

Total collections	\$ _____
Post Exch; Co. Fund, ect.	\$ _____
(paid by check)	\$ _____
Individuals (paid by check)	\$ _____
paid by cash	\$ _____
Total amount accounted for	\$ _____