

242.5 PAYROLLS 2nd MD
Medical Detachment 2nd Bn.
Jan. '45

DECLASSIFIED
Authority NND 883078

242.5 Payroll
Cannon Co 1st Para Coy.
May '45 - June 1945

2nd M. L. - 29 Anton ...
2425 Pay Roll May 1945

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This voucher consists of 4 sheets.
I certify under my official oath that the
above persons rendered services covered by
the period stated opposite their names.

Liquid. Calce
(Unit Commander)

Capt. Mc
(Rank, Branch of Service)

Date _____

Approved payment:

Ernest L. Ayers
ERNEST L. AYERS
Capt. Inf. 25th Div.
Liaison Officer

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

(Disbursing Officer)

(Rank, Branch of Service)

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

(Witnessing Officer)

I certify that this voucher is made out as required by Army
Regulations and that entries pertaining to each name are correct that
payment to the enlisted men named on this Payroll is not prohibited by
any provisions of law limiting the availability of the appropriations
involved; and that amount set opposite the name of each enlisted man has
been determined in accordance with the provisions of AR 345-155, and has
been charged against him on his service record of Soldiers' individual
pay record.

Demetrio D. Loquye
(Personnel Officer)

I certify that the ranks of officers and enlisted men on the Payroll
are true and correct at the time attached to 25th Division.

(Commanding Officer)

This voucher consist of _____ spots.
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.

Liquidator Calica
Unit Commander

Capt. MC
Rank, Organization

APPROVED FOR PAYMENT:

(Commanding Officer or Liaison Officer)

Rank, Organization

I certify that the rank of each Officer & EN appearing in this ROLL is true and correct at the time they were attached to the 25th Infantry Division.

Organizer

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

Disbursing Officer

Rank, Organization

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

Witnessing Officer

Rank, Organization

Date

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