

DECLASSIFIED

Authority: 1002882678

242.5 Pan Agent P. Santos - 1/10/44

DECLASSIFIED

Authority: E.O. 13526

see also *John Lewis* *Page*
of *...*

DECLASSIFIED

Authority MND883078

242.5

DOM

P. SANTOS

DECLASSIFIED
 Authority NND 883078

STATUS	NAME	SERIAL NUMBER	GRADE	ARM/SERVICE	RACE	DAY MONTH YEAR DATE OF CHANGE	MRU/SCU

MORNING REPORT LOCATOR CARD

REMARKS

<p>GAINS</p> <p>A PRESENT—assigned & joined.</p> <p>B ABSENT—assigned not yet joined.</p> <p>C PRESENT—arrival & assignment, from other theaters or in cont. US from outside cont. US.</p> <p>D PRESENT—to military control from dropped as AWOL</p> <p>E PRESENT—arrival & assignment from the cont. US.</p> <p>LOSSES</p> <p>J) TRANSFER—within cont. US or within theaters.</p> <p>K) TRANSFER—cont. US to outside cont. US/inter theater</p> <p>L TRANSFER—cont. US to outside cont. US/inter theater</p> <p>M SEPARATION—battle casualty; missing/captured/ death</p> <p>N SEPARATION—other than by death or battle casualty.</p> <p>O SEPARATION—all deaths except killed in action.</p> <p>P SEPARATION dropped from rolls as AWOL.</p> <p>Q TRANSFER to the cont. US from outside cont. US</p> <p>DETACHED SERVICE</p> <p>I PRESENT, NOT ASSIGNED—arrival on DS.</p> <p>R DEPARTED—relief from attachment</p>	<p>OTHERS</p> <p>S ABSENT—from duty to AWOL.</p> <p>T PRESENT—return to duty from AWOL</p> <p>- PRESENT—arrival at new station, transfer of an intact unit within the cont. US/theaters.</p> <p>2 ABSENT—sick.</p> <p>3 PRESENT—from; not yet joined/absent sick</p> <p>4 ABSENT—departure on TD/DS from cont. US to theaters, or between theaters</p> <p>5 PRESENT—returned from TD/DS</p> <p>6) ABSENT—departure on DS within cont. US or within theaters.</p> <p>8 ABSENT—departure on TD/DS to the cont US from outside the cont US.</p> <p style="text-align: center;">NOTE—"Theaters" includes bases & departments</p>	<p>0</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p>
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NAME	SERIAL NUMBER	GRADE	STATUS	DATE OF CHG.	ARM OR SERVICE	MRU OR SERVICE	SUB OR SCU	ORGANIZATION NAME	STATION NAME OR SHIPMENT NO. OR A.P.O. NO
				DAY MO. YEAR					

W.D. A.G.O. FORM NO. 302 1 NOVEMBER 1944

UNITED STATES FORCES IN THE PHILIPPINES
SEVENTH MILITARY DISTRICT
OFFICE OF THE DISTRICT AGENT
CAGUI-MAHAPLA AREA

- P A Y R O L L -

Monthly Cash Advance of _____ for the month
of November, 1944. we hereby acknowledge to have received from _____
7th Military District the sum of _____
herein specified opposite our respective
names in full advance of our services rendered during the period stated
below of which we severally certify:-

N a m e s	Rank or Grade	Date Reported for duty	Partial allowance for Base Pay	Total for Dependent	Total Amount owed	Init'l of Witness to payment	Signature or Thumb Mark of Payee
Bernes, Godofredo	Sgt	10/26/42	P 25.00				
Velasco, Aladino	Corp	8/1/42	P 20.00	P 11.00	P 31.00	<i>GR</i>	<i>[Signature]</i>
Cruz, Nicomedes de la Salvador	Corp	9/1/42	P 20.00	P 8.00	P 28.00	<i>GR</i>	<i>[Signature]</i>
Villafra, Arturo	Corp	9/15/42	P 20.00	P 13.00	P 33.00	<i>GR</i>	<i>[Signature]</i>
Magalanes,	Pfc	9/20/42	P 17.00	<i>4.50</i>	<i>21.50</i>	<i>GR</i>	<i>[Signature]</i>
Tayo, Lorenzo	Pfc		P 17.00				
Rodriguez, Carlos	Pvt	11/30/42	P 15.00		P 15.00	<i>GR</i>	<i>[Signature]</i>
Villanueva, Carlos	Pvt	9/1/42	P 15.00		P 15.00	<i>GR</i>	<i>[Signature]</i>
Dayot, Dominador	Pvt	8/24/42	P 15.00		P 15.00	<i>GR</i>	<i>[Signature]</i>

1. CERTIFICATE OF COMPANY COMMANDER:

STATION: _____

DATE: _____

I hereby certify on my official oath that the entries of this pay-roll are correct and that the services have been duly rendered as stated.

I hereby acknowledge my personal liability to the Government to be the Paying Officer and to the soldiers concerned for any error or fact found in the said entries.

[Signature]
(Signature, Rank & Designation of Paying Officer or CO)

2. CERTIFICATE OF WITNESSING OFFICER:

STATION: _____

DATE: _____

I certify on my official oath that I have this date personally witnessed the payment of each soldier opposite his mark or initial. I hereby hold myself responsible jointly with the Paying Officer in case this certificate proves erroneous in any particular.

[Signature]
(Signature, Rank & Designation)

3. CERTIFICATE OF PAYING OFFICER:

STATION: _____

DATE: _____

I certify on my official oath that I have paid each soldier whose name appears on this roll the net amount set opposite his name.

[Signature]
(Signature, Rank & Designation)

*Extracted by
S.C.F.*

3x10 = P 60.-
 1x17 = 17
 3x15 = 45
 122.
 125
 127

UNITED STATES FORCES IN THE PHILIPPINES
 SEVENTH MILITARY DISTRICT
 OFFICE OF THE DISTRICT AGENT
 CAGI-MAHAPLA AREA

- P A Y R O L L -

Monthly Cash advance of _____ for the month of November, 1944. We hereby acknowledge to have received from _____, 7th Military District the sum of _____ herein specified opposite our respective names in full advance of our services rendered during the period stated below of which we severally certify:-

N a m e s	Rank	Date	Partial	allowance	Total	Init'l	of	Signature
	or	Reported	Base	for	Amount	Witness	er	Thumb
	Grade	for	Pay	Dependent	Recd.	to	Mark	of
	duty	:	:	:	:	payment	Payee	
Bernice, Godefride	Sgt	10/26/42	P	25.00				
Velano, Aladine	Cerp	8/1/42	P	20.00	P 11.00	P 31.00		
Cruz, Nicomedes de la	Cerp	9/1/42	P	20.00	P 8.00	P 28.00		
Salvador								
Villaflor	Cerp	9/15/42	P	20.00	P 13.00	P 33.00		
arturo								
Magallanes	Pfc	9/20/42	P	17.00	P 13.00	P 30.00		
Tave, Lorenzo	Pfc		P	17.00				
Rodriguez, Carlos	Pvt	11/30/42	P	15.00		P 15.00		
Villanueva, Carlos	Pvt	9/1/42	P	15.00		P 15.00		
Dayet, Dominador	Pvt	8/24/42	P	15.00		P 15.00		

1. CERTIFICATE OF COMPANY COMMANDER:

STATION: _____

DATE: _____

I hereby certify on my official oath that the entries of this payroll are correct and that the services have been duly rendered as stated.

I hereby acknowledge my personal liability to the Government to be the Paying Officer and to the soldiers concerned for any error or fact found in the said entries.

(Signature, Rank & Designation of Paying Officer or CO)

2. CERTIFICATE OF WITNESSING OFFICER:

STATION: _____

DATE: _____

I certify on my official oath that I have this date personally witnessed the payment of each soldier opposite his mark or initial. I hereby hold myself responsible jointly with the Paying Officer in case this certificate proves erroneous in any particular.

(Signature, Rank & Designation)

3. CERTIFICATE OF PAYING OFFICER:

STATION: _____

DATE: _____

I certify on my official oath that I have paid each soldier whose name appears on this roll the net amount set opposite his name.

(Signature, Rank & Designation)

copy
 1/10/46
 SSM

8x11 = \$ 60.-
 1x17 = 17.-
 3x15 = 45.-
 12x17 = 204.-
 45.-
 1671

UNITED STATES FORCES IN THE PHILIPPINES
 SEVENTH MILITARY DISTRICT
 OFFICE OF THE D.M. AGENT
 CAGUIAN-MANAPLA AREA

- P A Y R O L L -

Monthly Cash advance of _____ for the month
 of October, 1944. We hereby acknowledge to have received from _____
 7th Military District the sum of _____
 herein specified opposite our res-
 pective names in full advance of our services rendered during the period
 stated below of which we severally certify:-

Names	Rank	Date	Partial	Allowance	Total	Init'l	of	Signature
	or	Reported	Base	for	Amount	witness	er	Thumb
	Grade	for	Pay	Dependents	Head	to	Mark	er
	duty					Payment	Payee	
Bernae, Gedeon	Sgt	10/26/42	P 25.00					
Velano, Abadine	Corp	8/1/42	P 20.00	P 11.00	P 31.00			
Cruz, Nicomedes de la	Corp	9/1/42	P 20.00	P 8.00	P 28.00			
Villaflor, Salvador	Corp	9/15/42	P 20.00	P 13.00	P 33.00			
Magallanes, Arturo	Pfc	8/20/42	P 17.00	P 13.00	P 30.00			
Tayo, Lorenzo	Pfc		P 17.00					
Rodriguez, Carlos	Pvt	11/30/42	P 15.00		P 15.00			
Villanueva, Carlos	Pvt	9/2/42	P 15.00		P 15.00			
Dayot, Dominador	Pvt	8/2/42	P 15.00		P 15.00			

1. CERTIFICATE OF COMPANY COMMANDER:

STATION: 1102

DATE: _____

I hereby certify on my official oath that the entries on this payroll are correct and that the services have been duly rendered as stated.

I hereby acknowledge my personal liability to the Government to be the Paying Officer and to the soldiers concerned for any error or fact found in the said entries.

(Signature, Rank & Designation of Paying Officer or CO)

2. CERTIFICATE OF WITNESSING OFFICER:

STATION: _____

DATE: _____

I certify on my official oath that I have this date personally witnessed the payment of each soldier opposite his mark or initial. I hereby hold myself responsible jointly with the Paying Officer in case this certificate proves erroneous in any particular.

(Signature, rank & Designation)

3. CERTIFICATE OF PAYING OFFICER:

STATION: _____

DATE: _____

I certify on my official oath that I have paid each soldier whose name appears on this roll the net amount set opposite his name.

(Signature, rank & Designation)

Extracted

Exam 11/11/46

UNITED STATES FORCES IN THE PHILIPPINES
SEVENTH MILITARY DISTRICT
OFFICE OF THE DQM AGENT
C-DIA-MANAPLA AREA

CHIEF

ENVOY

JOINT

- PAYROLL -

Extracted

Monthly Cash Advance of _____ for the month
of October, 1944. We hereby acknowledge to have received from _____
7th Military District the sum of _____
herein specified opposite our res-
pective names in full advance of our services rendered during the period
stated below of which we severally certify:-

Name	Rank or Grade	Date Reported for duty	Partial: Base Pay	allowances: Dependents	Total: Need	Initial of witness to Payment	Signature or Mark or Thumb Print
Bernice, Codefredo	Sgt	10/26/42	P 25.00				
Yalano, Aladino	Corp	8/1/42	P 20.00	P 11.00	P 31.00		<i>RR</i>
Cruz, Nicomedes	Corp	9/1/42	P 20.00	P 8.00	P 28.00		<i>RR</i>
Villafior, Salvador	Corp	9/15/42	P 20.00	P 13.00	P 33.00		<i>RR</i>
Magallanes, Arturo	Pfc	9/20/42	P 17.00	73.00	90.00		<i>RR</i>
Tayo, Lorenzo	Pfc		P 17.00				
Rodriguez, Carlos	Pvt	11/30/42	P 16.00		P 16.00		<i>RR</i>
Villanueva, Carlos	Pvt	9/3/42	P 16.00		P 16.00		<i>RR</i>
Gayot, Dominador	Pvt	8/2/42	P 16.00		P 16.00		<i>RR</i>

1. CERTIFICATE OF COMPANY COMMANDER: STATION: _____
DATE: _____

I hereby certify on my official oath that the entries on this payroll are correct and that the services have been duly rendered as stated.

I hereby acknowledge my personal liability to the Government to be the Paying Officer and to the soldiers concerned for any error or fact found in the said entries.

(Signature, rank & designation of Paying Officer or CO)

2. CERTIFICATE OF WITNESSING OFFICER: STATION: _____
DATE: _____

I certify on my official oath that I have this date personally witnessed the payment of each soldier opposite his mark or initial. I hereby hold myself responsible jointly with the Paying Officer in case this certificate proves erroneous in any particular.

(Signature, rank & designation)

3. CERTIFICATE OF PAYING OFFICER: STATION: _____
DATE: _____

I certify on my official oath that I have paid each soldier whose name appears on this roll the net amount set opposite his name.

(Signature, rank & designation)

Extracted by Lt. Rompage

4/11/46
EM

DECLASSIFIED

Authority: *NND 88-2078*

DECLASSIFIED

Authority: *100-107870-28*

100-107870-28
100-107870-28
100-107870-28

DECLASSIFIED

Authority: AW 55 7028

24200 - DAN agent

P Santo

Pac 44

DECLASSIFIED

Authority: E.O. 13526, 13526

Hq 5th Troop 70 ind.

1945

24-5-45 Hq 5th Troop 70 ind.

Feb 1945

DECLASSIFIED

Authority NND883078

P
Santos
DQMA.

UNITED STATES FORCES IN THE PHILIPPINES
SEVENTH MILITARY DISTRICT
OFFICE OF THE DQM AGENT
CAGPA-MANILA AREA

0914

PAYROLL

Monthly Cash Advance of _____ for the month of December, 1944. We hereby acknowledge to have received from _____, 7th Military District the sum of _____ herein specified opposite our respective names in full advance of our services rendered during the period stated below of which we severally certify:-

N a m e s	Rank	Date Reported	Partial Base Pay	allowances	Total Amount	Witness	Signature
	Grade	for Duty	for Pay	dependent need	for Payment	Mark of	or Thumb
Barnes, Godofredo	Sgt	10/26/42	P 25.00				
Velasco, Aladino	Corp	8/1/42	P 20.00	P 11.00	P 31.00	<i>OK</i>	<i>[Signature]</i>
Cruz, Nicomedes de la	Corp	9/1/42	P 20.00	P 8.00	P 28.00	<i>OK</i>	<i>[Signature]</i>
Villafior, Salvador	Corp	9/15/42	P 20.00	P 13.00	P 33.00	<i>OK</i>	<i>[Signature]</i>
Magallanes, Arturo	Pfc	9/20/42	P 17.00	<i>13.00</i>	<i>30.00</i>	<i>OK</i>	<i>[Signature]</i>
Tava, Lorenzo	Pfc		P 17.00				
Rodriguez, Carlos	Pvt	11/30/42	P 15.00		P 15.00	<i>OK</i>	<i>[Signature]</i>
Villanueva, Carlos	Pvt	9/1/42	P 15.00		P 15.00	<i>OK</i>	<i>[Signature]</i>
Dayot, Dominador	Pvt	8/24/42	P 15.00		P 15.00	<i>OK</i>	<i>[Signature]</i>

1. CERTIFICATE OF COMPANY COMMANDER: STATION: _____ DATE: _____

I certify on my official oath that the entries on this payroll are correct and that the services have been duly rendered as stated. I hereby acknowledge my personal liability to the Government to be the Paying Officer and to the soldiers concerned for any error of fact found in the said entries.

[Signature]
(signature, rank & designation of Paying Officer or CO)

2. CERTIFICATE OF WITNESSING OFFICER: STATION: _____ DATE: _____

I certify on my official oath that I have this date personally witnessed the payment of each soldier opposite his name or initial. I hereby hold myself responsible jointly with the Paying Officer in case this certificate proves erroneous in any particular.

[Signature]
(signature, rank & designation)

3. CERTIFICATE OF PAYING OFFICER: STATION: _____ DATE: _____

I certify on my official oath that I have paid each soldier whose name appears on this roll the net amount set opposite his name.

[Signature]
(signature, rank & designation)

[Handwritten notes]
4/1/45
5/1/45

CLG

UNITED STATES FORCES IN THE PHILIPPINES
 SEVENTH MILITARY DISTRICT
 OFFICE OF THE DQM AGENT
 CORDIZ-MANAPLA AREA

PAYROLL

Monthly Cash advance of _____ for the month of
 December 1944. We hereby acknowledge to have received from _____
 _____, 7th Military District the sum of _____
 herein specified opposite our respective names in full advance of
 our services rendered during the period stated below to which we severally
 Certify:-

NAME	GRADE	DUTY	DATE	RE-PORTED	BASE	FOR	AM'T	OF	WIT	MARK	OF
Bermes, Godofredo	Sgt.		10-26-42		P25.00	P					
Velano, Ladino	Corp.		8-1-42		20.00	P31.00		(Sgd)		(Sgd)	
Cruz, Nicomedes dela	"		9-1-42		20.00	8.00	28.00	"	4	"	
Villafior, Salvador	"		9-15-42		20.00	13.00	33.00	"		"	
Hagallana, Arturo	Pfc		9-20-42		17.00	13.00	30.00	"		"	
Rodriguez, Carlos	"		11-30-42		15.00		15.00	"		"	
Villameva, Carlos	"		9-1-42		15.00		15.00	"		"	
Dayot, Deminador	"		8-24-42		15.00		15.00	"		"	

1. CERTIFICATE OF COMPANY COMMANDER:

Station _____
 Date _____

I certify on my official oath that the entries on this payroll are correct and that the services have been duly rendered as stated. I hereby acknowledge my personal liability to the Government to be the Paying Officer and to the soldiers concerned for any error of fact found in the said entries.

(Signed not legible)
 (Signature, Rank & Designation)

2. CERTIFICATE OF WITNESSING OFFICER:

Station _____
 Date _____

I certify on my official oath that I have this date personally witnessed the payment of each soldier opposite his name or initial. I hereby hold myself responsible jointly with the paying Officer in case this certificate proves erroneous in any particular.

(SGD) NOT LEGIBLE
 (Signature, Rank & Designation)

3. CERTIFICATE OF PAYING OFFICER:

Station _____
 Date _____

I certify on my official oath that I have paid each soldier whose name appears on this roll the net amount set opposite his name.

(Signed not legible)
 (Signature, Rank & Designation)

CLG

UNITED STATES FORCES IN THE PHILIPPINES
SEVENTH MILITARY DISTRICT
OFFICE OF THE DCM AGENT
CAGDE-MANAYLA AREA

PAYROLL

Monthly Cash advance of _____ for the month of
December 1944. We hereby acknowledge to have received from _____
_____, 7th Military District the sum of _____
_____ herein specified opposite our respective names in full advance of
our services rendered during the period stated below to which we severally
Certify:-

NAME	RANK	DATE RE-PORTED FOR DUTY	RE-PORTED FOR DUTY	BASE PAY	ALLOWANCE	TOTAL PAY	AM'T OF WIT	SIG. ON THIS ROLL	MARK OF PAYEE
Borneo, Godofredo	Sgt.	10-26-42		\$25.00					
Velano, Ladino	Corp.	8-1-42		20.00	11.00	31.00	(Sgd)	(Sgd)	
Cruz, Nicomedes dela	"	9-1-42		20.00	8.00	28.00	"	"	
Villafior, Salvador	"	9-15-42		20.00	13.00	33.00	"	"	
Magallanes, Arturo	Pfc	9-20-42		17.00	13.00	30.00	"	"	
Rodriguez, Carlos	Pvt	11-30-42		15.00		15.00	"	"	
Villanova, Carlos	"	9-1-42		15.00		15.00	"	"	
Dayot, Dominador	"	8-24-42		15.00		15.00	"	"	

1. CERTIFICATE OF COMPANY COMMANDER: Station _____
Date _____

I certify on my official oath that the entries on this payroll are correct and that the services have been duly rendered as stated. I hereby acknowledge my personal liability to the Government to be the Paying Officer and to the soldiers concerned for any error of fact found in the said entries.

(Signed not legible)

(Signature, Rank & Designation)

2. CERTIFICATE OF WITNESSING OFFICER: Station _____
Date _____

I certify on my official oath that I have this date personally witnessed the payment of each soldier opposite his name or initial. I hereby hold myself responsible jointly with the paying Officer in case this certificate proves erroneous in any particular.

(Sgd) NOT LEGIBLE

(Signature, Rank & Designation)

3. CERTIFICATE OF PAYING OFFICER: Station _____
Date _____

I certify on my official oath that I have paid each soldier whose name appears on this roll the net amount set opposite his name.

(Signed not legible)

(Signature, Rank & Designation)

DECLASSIFIED

Authority: E.O. 13526, 7028

2425- D&M agent P Santos
Pac 44

DECLASSIFIED

Authority: 11/08/88 2078

7

24-0-88 by [unclear] [unclear] [unclear]

DECLASSIFIED

Authority: 100-157078

2015 DAW agent P. Samba

Sub. 45

DECLASSIFIED
Authority: 11/17/88 2078

1945-1950. 1951-1952. - Lt. G. S. Carter
7-12-1950

January 1951

UNITED STATES FORCES IN THE PHILIPPINES
SEVENTH MILITARY DISTRICT
OFFICE OF THE DISTRICT
3rd Area

6 copy

PAYROLL

Monthly Cash Advance of _____ for the month of February, 1945. We hereby acknowledge to have received from _____, 7th Military District the sum of _____ herein specified opposite our respective names in full advance of our services rendered during the period stated below of which we severally certify:-

NAMES	Rank or Grade or Duty	Date Reported for Duty	Partial Base Pay	Allowances for Independents	Total Amount rec'd	Unit's Contri- bution to Payroll	Sign. or Mark of Payee
Bermeo, Goufredo	Sgt.	10/26/42	P25.00				
Velano, Aladino	Corp.	8/1/42	P20.00	P11.00	P31.00	X	
Villalor, Salvador	Corp.	9/15/42	P20.00	P13.00	P33.00		<i>St. Lopez</i>
Magallanes, Arturo	Pfc	9/20/42	P17.00	P13.00	P30.00		<i>St. Lopez</i>
Rodriguez, Carlos	Pvt	11/30/42	P15.00		P15.00		<i>St. Lopez</i>
Villanueva, Carlos	Pvt	9/1/42	P15.00		P15.00		<i>St. Lopez</i>
Dayot, Dominador	Pvt	12/24/42	P15.00		P15.00		<i>St. Lopez</i>

1. CERTIFICATE OF COMPANY COMMANDER:

P 128.00

I certify on my Official Oath that the entries on this payroll are correct and that the services have been duly rendered as stated.

I hereby acknowledge my personal liability to the Government to be the paying Officer and to the soldiers concerned for any error found in the said entries.

M. Sant

(Signature, Rank & Designation of Paying Officer)

2. CERTIFICATE OF WITNESSING OFFICER:

STATION: _____
DATE: _____

I certify on my Official Oath that I have on this date personally witnessed the payment of each soldier opposite his mark or initial. I hereby hold myself responsible jointly with the paying officer in case this certificate proves erroneous in any particular.

St. Lopez Sgt

(Signature, Rank & Designation)

3. CERTIFICATE OF PAYING OFFICER:

STATION: _____
DATE: _____

I certify on my Official Oath that I have paid each soldier whose name appears on this roll the net amount set opposite his name.

M. Sant

(Signature, Rank & Designation)

St. Lopez
1/20/45
St. Lopez

Roller

Confidential

Abstract made by BS

UNITED STATES FORCES IN THE 7th
 SEVENTH MILITARY DISTRICT
 OFFICE OF THE PAY AGENT
 Area 2B Area

6 copies
 242.5
 (1)

PAYROLL

Monthly Cash Advance of _____ for the
 month of February, 1945. We hereby acknowledge to have received from _____
 7th Military District the sum of _____
 herein specified opposite our respec-
 tive names in full advance of our services rendered during the period stat-
 ed below of which we severally certify:-

N A M E S	Rank of	Date Reported for Duty	Partial Base Pay	Partial allowances for dependents	Total Amount due	Initial of sit- ingness to Duty	Signature of Payee
Arceo, Guadafredo	Sgt.	10/26/42	\$20.00		\$20.00		
Blanco, Alejandro	Corp.	10/1/42	\$20.00	\$31.00	\$51.00		
Villafior, Salvador	Corp.	6/15/42	\$20.00	\$18.00	\$38.00		<i>[Signature]</i>
Macallanes, Arturo	Pvt	10/20/42	\$17.00	\$18.00	\$35.00		<i>[Signature]</i>
Rodriguez, Carlos	Svt	11/30/42	\$15.00		\$15.00		<i>[Signature]</i>
Villanueva, Carlos	Pvt	10/1/42	\$15.00		\$15.00		<i>[Signature]</i>
Carot, Dominador	Pvt	10/24/42	\$15.00		\$15.00		<i>[Signature]</i>

1. CERTIFICATE OF COMMANDANT:

\$108.00

I certify on my Official Oath that the entries on this payroll
 are correct and that the services have been duly rendered as stated.
 I hereby acknowledge my personal liability to the Government to
 be the paying Officer and to the soldiers concerned for any error found in
 the said entries.

[Signature]
 (Signature, rank & designation of
 paying officer)

2. CERTIFICATE OF WITNESSING OFFICER: STATION: _____
 Date: _____

I certify on my Official Oath that I have on this date personal-
 ly witnessed the payment of each soldier opposite his mark or initial. I
 hereby hold myself responsible jointly with the paying officer in case this
 certificate proves erroneous in any particular.

[Signature]
 (Signature, rank & designation)

3. CERTIFICATE OF PAYING OFFICER: STATION: _____
 Date: _____

I certify on my Official Oath that I have paid each soldier
 whose name appears on this roll the net amount set opposite his name.

[Signature]
 (Signature, rank & designation)

EX. BY MAR

UNITED STATES FORCES IN THE PHILIPPINES
SEVENTH MILITARY DISTRICT
OFFICE OF THE DDM AGENT
3d Bn Area

PAYROLL

Monthly Cash Advance of _____ for the month of February, 1945, We hereby acknowledge to have received from _____ 75th Military District the sum of _____ here in specified opposite our respective names in full advance of our services rendered during the period stated below of which we severally certify.-

666

NAMES	'Rank 'or 'Grade 'or 'duty	'Date 'reported 'for 'duty	'Partial 'Base 'Pay	'Allowances 'for 'Dependents	'Total 'Amount 'Rec'd	'Init'l 'to 'Paymt	'Sig. or 'thumbmark 'of 'Payee
Erceo, Godofredo	'Sgt	'10/26/42	'25.00	'	'	'	'
Elano, Aladino	'Cpl	'8/1/42	'20.00	'11.00	'31.00	'	'
Villeflor, Salvador	'Cpl	'9/16/42	'20.00	'13.00	'33.00	'SGD:	'SGD:
Magallanes, Arturo	'Pfc	'9/20/42	'17.00	'13.00	'30.00	'SGD:	'SGD:
Rodriguez, Carlos	'Pvt	'11/30/42	'15.00	'	'15.00	'SGD:	'SGD:
Villanueva, Carlos	'Pvt	'9/1/42	'15.00	'	'15.00	'SGD:	'SGD:
Davot, Dominador	'Pvt	'8/24/42	'15.00	'	'15.00	'SGD:	'SGD:
TOTAL - -					<u>2108.00</u>		

1. CERTIFICATE OF COMPANY COMMANDER:

I certify on my official oath that the entries on this payroll are correct and that the services have been duly rendered as stated. I hereby acknowledge my personal liability to the government to the Paying Officer and to the soldiers concerned for any error found in said entries.

/s/ (not legible)
Signature of Paying Officer;
Rank and Designation

2. CERTIFICATE OF WITNESSING OFFICER:

STATION _____
DATE _____

I certify on my official oath that I have on this date personally witnessed the payment of each soldier opposite his mark or initial. I hereby hold myself responsible jointly with the paying officer in case this certificate proves erroneous in any particular.

/s/ (not legible) Sgt Inf.
Signature, Rank and Designation

3. CERTIFICATE OF PAYING OFFICER:

STATION _____
DATE _____

I certify on my official oath that I have paid each soldier whose name appears on this roll the net amount set opposite his name.

/s/ (not legible)
Signature, rank and Designation

Extract made by: /mar

DECLASSIFIED

Authority: 11/25/88 2078

2415 DAW agent P. Samba

Sub. 45

DECLASSIFIED

Authority: *2025* 2025

2405-170-2577-01000000 - 10-10-1968 - 10-10-1968

January 1968

DECLASSIFIED

Authority: *100-853078*

242.5 **D** *East agent*

Risambou

*March 45**

DECLASSIFIED

Authority: 100-755078

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Grading	Rate	Pay	Pay	Pay	Pay
	\$20.00	\$15.00	\$35.00		
9/9/42	\$17.00	\$15.00	\$32.00		
11/30/42	\$15.00	\$7			
Pvt	9/1/42	\$15.00			
Pvt	8/24/42	\$15.00			

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 D. Dwyer

CERTIFICATE OF COMPANY COMMANDER:

D. Dwyer
 D. Dwyer

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I certify on my Official Oath that the entries on this payroll
 services have been duly rendered as stated.
 hereby acknowledge my personal liability to the Government
 officer and to the soldiers concerned for any error found in

M. Dwyer
 (Signature, Rank & Designation
 of Paying Officer)

2. CERTIFICATE OF WITNESSING OFFICER:

Station _____
 Date _____

I certify on my Official Oath that I have on this date Person-
 ally witnessed the payment of each soldier opposite his mark or initials. I
 hereby hold myself responsible jointly with the paying officer in case this cer-
 tificate proves erroneous in any particular.

3. CERTIFICATE OF PAYING OFFICER:

(Signature, Rank & Designation)
 Station _____
 Date _____

I certify on my Official Oath that I have paid each soldier
 whose names appears on this roll the net amount set opposite his names.

M. Dwyer
 (Signature, Rank & Designation)

UNITED STATES OFFICES IN THE PHILIPPINES
 SEVENTH MILITARY DISTRICT
 OFFICE OF THE DISTRICT AGENT
 3rd Bn Area

520761
 242.59⁰⁰
 (1)

PAYROLL

Monthly Cash Advance of _____ for the
 month of March, 1945. We hereby acknowledge to have received from _____
 _____, 7th Military District, the sum of _____
 _____ herein specified opposite our res-
 pective names in full advance of our services rendered during the period
 stated below of which we severally certified:-

NAME	Rank	Date	Partial	allowances	total	unit's	sig. or	thumb
NAME	or	Reported	base	for	amount	with	Mark of	
	Grade	or duty	Pay	Dependents	Rec'd	allowance	Payee	
						Payment		
Perneo, Gedeon								
Cooper	Sgt	10/26/42	\$25.00					
Vasquez, Gladine	Corp	8/1/42	\$20.00	\$11.00	\$31.00			
Villaflores, Salvador	Corp							
Magallanes, Arturo	Pfc							
Rodriguez, Carlos	Pvt							
Villanueva, Carlos								
Dayot, Dominador								
1. Cana								

DECLASSIFIED
 Authority: MDS83078

DECLASSIFIED

Authority MND883078

Issued to

9-2-9.No. 203119

Order No.	Quan.	Unit	ARTICLE	Unit Price	Amount
			Feb. 3/33		
5415	2	Qty ✓	Lamp, Elect. 60 W-110 V	40	80
			2/7/33		
2/21	1	Qty ✓	Lamp, Elect. 60 W-110 V		39
			2/8-3		
2570	1	" ✓	Brush, Paint 3"		56
	3	" ✓	Lamp, Elect. 60 W-110 V	39	117
	1	" ✓	Broom, Lambs		23
			2/10-		
				39	78
					39
				47	39
					06
				47	12

UNITED STATES FORCES IN THE PHILIPPINES
 SEVENTH MILITARY DISTRICT
 OFFICE OF THE DCM AGENT
 3rd Sn Area

of bound

PAYROLL

Monthly Cash Advance of _____ for the
 month of March, 1945. We hereby acknowledge to have received from _____
 7th Military District the sum of _____
 wherein specified opposite our respec-
 tive names in full advance of our services rendered during the period stated
 below of which we severally certify:-

NAMES	Rank or Grade	Date for duty	Married or Widow	Allowances for Dependents	Total Amount Rec'd	Unit's Witness Signature & Mark of Payment	Signature of Paying Officer
Barnes, Godd- france	Sgt.	10/26/42		\$28.00			
Velasco, Aladine	Corp.	8/1/42		\$20.00	\$11.00	\$31.00	
Villafer, Sal- vador	Corp.	9/15/42		\$20.00	\$13.00	\$33.00	<i>[Signature]</i>
Magallanes, A. Suro	Pvt.	10/20/42		\$17.00	\$13.00	\$30.00	<i>[Signature]</i>
Rodriguez, Carlos	Pvt.	11/30/42		\$15.00		\$15.00	<i>[Signature]</i>
Villanueva, Carlos	Pvt.	9/1/42		\$15.00		\$15.00	
Bayat, Benjamin	Pvt.	12/24/42		\$15.00		\$15.00	<i>[Signature]</i>
1. CERTIFICATE OF COMPANY COMMANDER:					12	43	

I certify on my official oath that the entries on this payroll are correct that the services have been duly rendered as stated.

I hereby acknowledge my personal liability to the Government to be the paying officer and to the soldiers concerned for any error found in the said entries.

(Signature, Rank & Designation of Paying Officer)

2. CERTIFICATE OF PRESSING OFFICER: _____ Station _____
 Date _____

I certify on my official oath that I have on this witnessed the payment of each soldier opposite his by hold myself responsible jointly with the paying certificate proves erroneous in any particulars

(Signature, _____)

3. CERTIFICATE OF PAYING OFFICER:

I certify on my official oath that I have paid names appears on this roll the net amount set oppos:

(Signature _____)

[Handwritten notes]
 4/11/45
 887

Issued to

4-2-E

No. 2030

19

Order No.	Quan.	Unit	ARTICLE	Unit Price	Amount
2148	1	Do	Small Elect. 60 2-110T 2/11/52		110
2149	1	Do	Small Elect. 60 2-110T		29
	4	Do	Hooking Gas 3/8"	1.22	488
	4	Do	Hooking. Nut. 3/8" 4/2"	5.92	2368
	8	Do	Hooking Gas 3/8"	4.96	3972
			✓		17,233

4-2-F

*Approved
 [Signature]*

UNITED STATES FORCES IN THE PHILIPPINES
 SEVENTH MILITARY DISTRICT
 OFFICE OF THE DQM AGNST
 3rd Bn Area

PAYROLL

I Monthly Cash advance of _____ for the month of March, 1945. We hereby acknowledge to have received from AA, 7th Military District the sum of _____ herein specified opposite our respective names in full advance of our services rendered during the period stated below of which we severally certified:

NAMES	Rank or Grade	Date Reported	Partial Base Pay	Allowances for Dependents	Total Amount Rec'd	Initial	Signature or mark
Bernco, Godofredo	Sgt	10-26-42	25.00				
Velazo, Aladino	Corp	8-1-42	20.00	11.00	31.90		
Villaflo, Salvador	Corp	9-15-42	20.00	13.00	33.00	(S)	(S)
Magallanes, Arturo	Pfc	9-20-42	17.00	13.00	30.00	(S)	(S)
Rodriguez, Carlos	Pvt	11-30-42	15.00				(S)
Villameva, Cesdes	Pvt	9-1-42	15.00				
Dayot, Dominador	Pvt	8-24-42	15.00			(S)	(S)

1. CERTIFICATE OF COMPANY COMMANDER:

I certify on my Official Oath that the entries on this payroll correct that the services have been duly rendered as stated.

I hereby acknowledge my personal liability to the Government to the Paying Officer and to the soldiers concerned for any error found in said entries.

(SGD) Not legible
 (Signature & Rank and Designation of Paying Officer)

2. CERTIFICATE OF WITNESSING OFFICER:

I certify on my Official Oath that I have on this date personally witnessed the payment of each soldier opposite his mark or initial. I hereby hold myself responsible jointly with the paying officer in case this certificate proves erroneous in any particular.

(Signature, Rank & Designation)

3. CERTIFICATE OF PAYING OFFICER:

I certify on my Official Oath that I have paid each soldier whose names appears on this roll the net amount set opposite his names.

(SGD) Not legible
 (Signature, Rank & Designation)

DECLASSIFIED

Authority: *100-852076*

243.5 Dean agud

P. Santos

March 45

DECLASSIFIED

Authority: E.O. 13526

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