

242.5 PAYROLL (Civilian)  
HQ Base Hospital A-2 82<sup>nd</sup> Div. PA 8<sup>th</sup> MD May '45



DECLASSIFIED  
Authority: 100-3078

**DECLASSIFIED**

Authority NDQ83078

22ND DIVISION PHILIPPINE ARMY  
BASE HOSPITAL A-2

15/06a

CIVILIAN ATTACHED, BASE HOSPITAL A-2

PAY ROLL FOR THE MONTH OF MAY, 1945

NAME AND TYPE OF WORK	1	2	3	4	5	6	7	8	9	10	TOTAL NO. DAYS WORKED	RATE PER DAY	TOTAL	SIGNATURE
	11	12	13	14	15	16	17	18	19	20				
1. Mrs. Mariano Azucena N. X Cook											31	days		
2. Miss Nora Longina Landress											31	days		
3. Mr. Gabano Gabano Cook											31	days		

1. I hereby certify on my official oath that this list is made to identify all officers and EM under this Department and that entries to each name are correct.

DATE: \_\_\_\_\_, 1945.

APPROVED FOR PAYMENT:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Designation)

*Manuel Sanson*  
MANUEL SANSON  
2nd Lieut. MC  
Actg. Hosp. Surg. Incharge

2. I hereby certify on my official oath that I have paid in cash to each officer and EM whose name appears on the roll set opposite his name, he having signed or marked his name in my presence at the time of payment in acknowledging receipt or money paid him.

\_\_\_\_\_  
(Signature of Paymaster)

P  
\_\_\_\_\_  
(Designation)

DECLASSIFIED  
Authority: *ND 83078*

22ND DIVISION PHILIPPINE ARMY  
BASE HOSPITAL A-2

MS/CSA

CIVILIAN ATTACHED, BASE HOSPITAL A-2

PAY ROLL FOR THE MONTH OF APRIL, 1945

NAME AND TYPE OF WORK	V										TOTAL NO. DAYS OF WORK	RATE PER DAY	SIGNATURE
	1	2	3	4	5	6	7	8	9	10			
1. Mr. Augustan Manuel Holder	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	30	Days	
2. Mrs. Maribon Azucima N. Cook	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	30	days	
3. Miss Neri Longina	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	30	days	
4. M. Caballero Gabino Cook	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	30	days	

I hereby certify on my official oath that this list is made to identify all officers and EM under this Department and that entries to each name are correct.

DATE: \_\_\_\_\_, 1945

APPROVED FOR PAYMENT:

\_\_\_\_\_  
(Signature)

*Manuel San*  
MANUEL SANSON  
2nd Lieut. MC  
Actg. Hosp. Surg. Incharge

\_\_\_\_\_  
(Designation)

I hereby certify on my official oath that I have paid in cash to each officer and EM whose name appears on the roll set opposite his name, he having signed or marked his name in my presence at the time of payment in acknowledging receipt of money paid him.

\_\_\_\_\_  
(Signature of Paymaster)

\_\_\_\_\_  
(Designation)

DECLASSIFIED  
Authority: ND 83078

62ND DIVISION PHILIPPINE ARMY  
BASE HOSPITAL A-2

IS/22a

SEVILLIAN ATTACHED, BASE HOSPITAL A-2

PAY ROLL FOR THE MONTH OF MARCH, 1945

NAME AND TYPE:	1:	2:	3:	4:	5:	6:	7:	8:	9:	10:	TOTAL NO.	RATE:	SIGNATURE	
	OF	11:	12:	13:	14:	15:	16:	17:	18:	19:	20:	DAYS OF PER		
WORK	21:	22:	23:	24:	25:	26:	27:	28:	29:	30:	31:	WORK DAY	TOTAL	
1. Mr. Agustín Manuel	:	:	:	:	:	:	:	:	:	:	:	:	31 Days	:
2. Mrs. Barrios	:	:	:	:	:	:	:	:	:	:	:	:	31 Days	:
3. Miss Neri	:	:	:	:	:	:	:	:	:	:	:	:	31 Days	:

1. I hereby certify on my official oath that this list is made to identify all officers and EM under this Department and that entries to each name are correct.

DATE: \_\_\_\_\_, 1945

APPROVED FOR PAYMENT:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Designation)

*Manuel Sarsen*  
MANUEL SARSEN  
2nd Lieut. MC  
Actg. Hosp. Surg. Incharge

2. I hereby certify on my official oath that I have paid in cash to each officer and EM whose name appears on the roll set opposite his name, he having signed or marked his name in my presence at the time of payment in acknowledging receipt or money paid him.

\_\_\_\_\_  
(Signature of Paymaster)

\_\_\_\_\_  
(Designation)

DECLASSIFIED  
Authority: *ND 83078*

CIVILIAN ATTACHEE, BASE HOSPITAL A-2

PAY ROLL FOR THE MONTH OF MAY, 1945

NAME AND TYPE OF WORK	1	2	3	4	5	6	7	8	9	10	TOTAL NO. DAYS OF WORK	RATE PER DAY	TOTAL	SIGNATURE
	11	12	13	14	15	16	17	18	19	20				
1. Mrs. Mariano Aseosa N. Cook											31	Days		
2. Miss Nora, Lagina Laundress											31	Days		
3. Mr. Cabanero, Gabino Cook											31	Days		

1. I hereby certify on my official oath that this list is made to identify all officers and EM under this Department and that entries to each name are correct.

DATE: \_\_\_\_\_, 1945.

APPROVED FOR PAYMENT:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Designation)

*Manuel Sanson*  
MANUEL SANSON  
2nd Lieut. MC  
Actg. Hosp. Surg. incharge

2. I hereby certify on my official oath that I have paid in cash to each officer and EM whose name appears on the roll set opposite his name, he having signed or marked his name in my presence at the time of payment in acknowledging receipt or money paid him.

\_\_\_\_\_  
(Signature of Paymaster)

\_\_\_\_\_  
(Designation)



62ND DIVISION PHILIPPINE ARMY  
BASE HOSPITAL A-2

MS/SGN

CIVILIAN ATTACHED, BASE HOSPITAL A-2

PAY ROLL FOR THE MONTH OF APRIL, 1945

NAME AND TYPE	V										TOTAL NO. DAYS OF WORK	RATE PER	TOTAL	SIGNATURE
	1	2	3	4	5	6	7	8	9	10				
1. Mr. Manuel Heiser	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	30	Days		
2. Mrs. Marlene Azucena N. Cook	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	30	Days		
3. Miss Nori Longina	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	30	Days		
4. Mr. Gabino Gabino	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	30	Days		

I, <sup>1</sup> hereby certify on my official oath that this list is made to identify all officers and SM under this Department and that entries to each name are correct.

DATE: \_\_\_\_\_, 1945

APPROVED FOR PAYMENT:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Designation)

*Manuel Heiser*  
MANUEL SANSON  
2nd Lieut. MC  
Actg. Hosp. Surg. Incharge

I, <sup>2</sup> hereby certify on my official oath that I have paid in cash to each officer and SM whose name appears on the roll set opposite his name, he having signed or marked his name in my presence at the time of payment in acknowledging receipt or money paid him.

\_\_\_\_\_  
(Signature of Paymaster)

\_\_\_\_\_  
(Designation)

2ND DIVISION PHILIPPINE ARMY  
BASE HOSPITAL A-2

15/22a

CIVILIAN ATTACHED, BASE HOSPITAL A-2

PAY ROLL FOR THE MONTH OF MARCH, 1945

NAME AND TYPE:	1	2	3	4	5	6	7	8	9	10	TOTAL NO.	RATE:			
	11	12	13	14	15	16	17	18	19	20	DAYS OF	PER			
WORK	21	22	23	24	25	26	27	28	29	30	31	WORK	DAY	TOTAL	SIGNATURE
1. Mr. Agustín Manuel Helper	:	:	:	:	:	:	:	:	:	:	:	31	Days:	:	:
2. Mrs. Mariño Azucena Cook	:	:	:	:	:	:	:	:	:	:	:	31	Days:	:	:
3. Miss Neri, Langina Laundry	:	:	:	:	:	:	:	:	:	:	:	31	Days:	:	:

1. I hereby certify on my official oath that this list is made to identify all officers and EM under this Department and that entries to each name are correct.

DATE: \_\_\_\_\_, 1945

APPROVED FOR PAYMENT:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Designation)

*Manuel Sanson*  
MANUEL SANSON  
2nd Lieut. MC  
Actg. Hosp. Surg. Incharge

2. I hereby certify on my official oath that I have paid in cash to each officer and EM whose name appears on the roll set opposite his name, he having signed or marked his name in my presence at the time of payment in acknowledging receipt or money paid him.

\_\_\_\_\_  
(Signature of Paymaster)

\_\_\_\_\_  
(Designation)



82ND DIVISION PHILIPPINE ARMY  
BASE HOSPITAL A-2

MG/gca

CIVILIAN ATTACHE D, BASE HOSPITAL, A-2

PAY ROLL FOR THE MONTH OF FEBRUARY, 1945

NAME AND TYPE:	1:	2:	3:	4:	5:	6:	7:	8:	9:	10:	TOTAL NO. DAYS OF WORK	RATE PER DAY	TOTAL	SIGNATURE
1. Mr. Sengon Dental Surg.	/	/	/	/	/	/	/	/	/	/	28	days		
2. Mr. Agustin Halter	/	/	/	/	/	/	/	/	/	/	28	days		
3. Mr. Alqui- zales, Hemo- tolo. Halter	/	/	/	/	/	/	/	/	/	/	28	days		
4. Mrs. Morias Agueda N. Cook	/	/	/	/	/	/	/	/	/	/	28	days		
5. Miss Mori- Longma Islander	/	/	/	/	/	/	/	/	/	/	28	days		

I hereby certify on my official oath that this list is made to identify all officers and EM under this Department and that entries to each name are correct.

DATE: \_\_\_\_\_, 1945

APPROVED FOR PAYMENT:

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(Designation)

*Manuel Sardon*  
MANUEL SARDON  
2nd Lieut. MC  
Actg. Hosp. Surg. in charge

I hereby certify on my official oath that I have paid in cash to each officer and EM whose name appears on the roll set opposite his name, he having signed or marked his name in my presence at the time of payment in acknowledging receipt or money paid him.

\_\_\_\_\_  
(Signature of Paymaster)

\_\_\_\_\_  
(Designation)

2ND DIVISION PHILIPPINE ARMY  
BASE HOSPITAL A-2

MS/gca

CIVILIAN ATTACHED, BASE HOSPITAL, A-2

PAY ROLL FOR THE MONTH OF FEBRUARY, 1945

NAME AND TYPE:	1:	2:	3:	4:	5:	6:	7:	8:	9:	10:	TOTAL NO. DAYS OF WORK	RATE PER DAY	TOTAL SIGNATURE
	11:	12:	13:	14:	15:	16:	17:	18:	19:	20:			
1. Mr. Samson Dental Surg.	..	..	..	..	..	..	..	..	..	..	28	days	..
2. Mr. Agustin Helper	..	..	..	..	..	..	..	..	..	..	28	days	..
3. Mr. Alquil- zalas, Hono- rato, Helmer	..	..	..	..	..	..	..	..	..	..	28	days	..
4. Mrs. Maribag Azucima N. Cook	..	..	..	..	..	..	..	..	..	..	28	days	..
5. Miss Neri, Lungina Lauder	..	..	..	..	..	..	..	..	..	..	28	days	..

1. I hereby certify on my official oath that this list is made to identify all officers and EM under this Department and that entries to each name are correct.

DATE: \_\_\_\_\_ 1945

APPROVED FOR PAYMENT:

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(Designation)

*Manuel Samson*  
MANUEL SAMSON  
2nd Lieut. MC  
Actg. Hosp. Surg. Incharge

2. I hereby certify on my official oath that I have paid in cash to each officer and EM whose name appears on the roll set opposite his name, he having signed or marked his name in my presence at the time of payment in acknowledging receipt or money paid him.

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(Signature of Paymaster)

\_\_\_\_\_  
(Designation)

DECLASSIFIED  
Authority: NLD 883078

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Authority NWDG83078

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Authority *NWD 83078*