WAR DEPARTMENT Form No. 336a—Revised Form approved by Comptroller General, U. S September 23, 1940

16-18521

the loop p. O. Vou. No. PAID BY

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, pp	PAY AND ALLOWANCE ACCOUNT (Commissioned Officers, Army Nurses, Warrant Officers, Contract Surgeons)			1
	Pay of the Army, 19	Λ		
(1)	THE UNITED STATES, Dr.,	(For uso	of paying office)	
	To: Corydome of payeopruill, Jr. Ma john, and offenization 496522 (Serial No.)			
(2)	Station Station No. On duty at present station per Part , S. O. No. , Hdqrs. Departed from 19 Reported for duty at lington, U.C. ENDENTS: Camp Lee, Va.Oct. 13 L2			
	Departed from 19 Reported for duty at Ington, D. C.	. Oct.	9 19	2
DEP	ENDENTS: Camp Lee, Va.Oct.13 42 Washington,	D.C. Oc	6 s. 14 4	2=
(3)	Lawful wife Julia C. Spresialeher Orderinger given rand in full ordered and beginning and her address ear Unmarried children under 21 years of age	h month)		or
	(State names, ages, and addresses each month. Evidence of dependency attached hereto or filed with youcher No			
	19, accounts of)	,		•
(4)	Dependent mother(State her Christian or given name in full and husband's surname and her addr	ess each month)		
	During the current period for which allowances are claimed on account of my dependent more	ther I have c	ontributed to	her
	support the sum of \$, in cash or its equivalent, without any consideration is her chief support, and each and every statement set forth in her affidavit dated	in return, w	hich contribu	tion
	(attached hereto), filed with voucher for the month of, 19	, is true ar	nd correct, and	d so
	remains at this time, except			
	(State fully changes occurring between date of last affidavit and signing of this vouch			
(5)	For over years' service; pay period; years completed on		, 19_	
(7)	For base and longevity pay from 10, to For additional pay for October 1, from 42, foctober 31			0
(8)	For pay for mount,, from, 19, to	, 19		
401	of which I was the actual and exclusive owner, which (was or were) suitable for the military s maintained at			
(9) (10)	For rental allowance from October 1 192, to October 31	192	63 0	0
	For subsistence allowance from	lependents, ers assigned	. 105 00	0
	other officer or his dependents, except for bona fide social visits			
	Total Credits	MOUNT	\$418 0	0
DEE (11)	Class "D" Government Insurance Premium			
(12)	Class "E" Allotment			
(13)	Class "N" National Service Life Insurance			
(11)	and the control of th			
	TOTAL DEBITS			
	NET BALANCE			-
(15)	On (ordinary or sick) leave or absence; Departed, 19, 19, under Par.	, S. O	. No. 416	ж,
	Hdqrs, 19; extended by Par, S. O. No, 19; Returned, 19, 19	, Hdqrs.		,
(16)	I certify that the foregoing statement and account are true and correct; that payment therefor he	as not been i	eceived: and	that
,	payment to me as stated on the within pay voucher is not prohibited by any provisions of law	limiting the	availabílity of	the
	Place to my credit with	ANDUK	Л	
	Date Chapel Hill North Cartelina ONLY) Corydon P. S			
(17)	I certify the derring the period for which rental allowance is claimed on this woulder the above off			uate
(11)	quarters at his permanent station.			
	Date		Commanding Offi	icer.
			r of the Un	
(18)	T 111	States in favo above.	or of payee na	med
(10)	Cook & ORIGINAL	MORAN	IDUM	4
	1711-			

Standard Form No. 1071a—Revised Form approved by Comptroller General, U. S. March 26, 1940 Gen. Reg. No. 88

MILEAGE VOUCHER

Act of June 10, 1922, 42 Stat. 631

D. O.	Voucher	No.	CARROCANCE	101	8138
Bu. V	oucher A	To			

(Statement of travel performed must be completely filled in by payee prior to signature, and there must not be any erasure or alteration unless initialed or signed by him)

Genera	Accounting Office	U.S.	War De	partment OMC	copies of or y and Mari	der Amedin se Corres a	ig travel m Eginni mad	met ht att	PAID B	A voucher
	REAUDIT d for payment in the			partment QMC	nent and service	e)				
-	THE UNITED STATES, Dr.,									
The second second	emptroller General of	To M	ajor u	orygon P. Spi	(Payee)	0=4965	22			
	the United States.	OOM	G, Was	or (Home address, to be	,					
Ву									or use of payi	
	ck to Bank of									
For miles	age under attached					-Camp Le				
	STATEMENT OF TRAVEL PERFORMED—To be filled in by traveler COMPUTATION OF AMOUNT DUE—To be filled in by administrative officer						er			
DATE			DATE			Kind of transporta- tion	Land grant included in	Transporta- tion furnished	Authorized	
19.42	FROM-		19.42	To-		furnished	established route and distance	excluding land grant	mileage	NOTATIONS
(1)	(2)		(3)	(4)		(See note) (5)	(6)	in column 6	(8)	
							Miles	Miles	Miles	
/										
10/13	Camp Lee, Va	1.	10/13	Washington,	D.C.	None (P)			
	1									
	ought forward fron	n statement	on revers	e hereof		T				
Note.— Transportat	tion furnished by U.S. C vernment transportation	lovernment: request; rail, w	ater, air, or l	highway	T/R	TOTALS				
Go	vernment automobile				G/A	Rate per mile	Dollars 0.'03	Dollars 0. 03	Dollars 0. 08	
No transport	vernment plane or airsh; rtation furnished by U. S athod of travel used by Water (W); Rail (R); Pri	Government.	"None" one	of the following letters:	NONE Highway (H);					
T/R No			Carrier(s) _							
T/R No			Carrier(s) _ Carrier(s) _				r deduction (explain on reverse). NET AMOUNT TO BE PAID.			
							0.16			
						Major, Q.M.C.				
				MEMOR	AND	UM				
		ACC	COUNTING	CLASSIFICATION-	-For completion	n by administra	ative office			
Appropriat	ion, limitation or project	symbol		Appropriation title		Limi	tation or project	ct (amount)	Appropriation	(amount)
						Cost secount		0.5	ject of expendit	179
	Allotment symbol		Amount	Encumbrance liquidated	Symbol	Cost account	mount	Symbol		mount
					D, IAOO.					
			3-4-3		0 60 0		ſo	n Treasure	r of the Un	ited States
Paid by	Check No.		dated	, 1	9, for \$		{ir	n favor of	payee name	ed above.
(1)	Cash, \$,	on	, 1	9		(MEMC	PRANDUM—	Do not sign)	
DATE	I further ce	rtify th	nat pay	ment to me a	s stated	on this	s vouche	er is no	t prohib	ited by
any p	rovision of 1	aw limit	ing th	e availabili	ty of th	e approp	priation	n involv	ed.	1 .

10/15/42

STATEMENT OF TRAVEL PERFORMED-To be filled in by traveler						COMPUTATION OF AMOUNT DUE—To be filled in by administrative officer			
DATE 19	LEGON- LEGON- I further certify rovision of law lin		ment to me as stated e availability of the	Kind of transporta- tion furnished (See note) (5)	Land grant included in established route and distance (6)	Transporta- tion furnished excluding land grant in column 6	Authorized mileage	NOTATIONS	
Paid by	Check No	dated	, 19, for i		Miles	Miles	Miles	ed above.	
						a Treasure	r of the D	ited States	
					mount	Symbol		тюете	
	Leaningt symbol	Amount		Clost account		0.0	feet of expendi	en o	
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			MEMORAND						
				Ma.	or, 0.14	.C.			
T/8 100		Catrior(b)		14 10	VROUNA 1	DE BYID			
TYRE NO. 2		Carrier(s)		Other de	fuellon (spl	in on 1850mb) —			
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Control of the contro	Gen filtra pass he T. S. Gen majoret, ru	al. water, air, or		Torans.	Dollary	Bollard	Dodara		
None	tone it forward non-storage								
	County County of Living and Living	Carl Car action							
TO(T)	Camp Lee, Va.	10/13	Washington, D.C.	Mone (b)				
10/13	Comp 1 on Mo	30 (3.3	100						
					7/7/1961	Types	751109		
(1)	(3)	(8)		(30 mote)	(6)	10 continu c	(8)		
10.42	Fnon-	19,42	3.0-	furnished	nethillished notes and	turnisped accinding land grant	Authorized	Noramons	
DATE		DATE		Kind of transporte	Land grent included in	Transporta- tion	Antinonias.		
	sava¢ning or and	LAND LANGUA				TATION OF	alithiciative of	con.	
	age under attached order,	Cet. 9	, 1042, received at	Camp I	ee. Vir	inia TATION OF	AMOUNT E	La Company	
	eck to Bank of Chape		Chapel Hill, Morth (srolina					
BA		Company eventors	or (steins across) to us men to test	re and retired	alicers (mly)		or me or her	suit organi).	
	the Control source.	DOMG, Was	hington, D.C.						
	emperator General of	2 HE 761 A	012000 L. ODERTITE	· nedho	255				
m	otals transferred to statemen	t on feed have	MAIRS, Dr.,						
The second second	otals transferred to statemen	on race her	INSTRUCTIONS	ob)	1				

INSTRUCTIONS

Supporting papers required: Two certified or authenticated copies of order directing travel must be attached to this voucher when submitted to the disbursing officer for payment. (For the Navy and Marine Corps, original and two certified copies of order with all endorsements thereon are required.) When the paid voucher is transmitted to the General Accounting Office, it must be accompanied by one certified copy of the order with all endorsements. When transportation is furnished, such order must be endorsed or a separate certificate furnished by the officer issuing the transportation, showing names of railroads or other public means of conveyance over which transportation was issued, with the number of the transportation request.

D. O. Vou. No.

PAID BY

WAR DEPARTMENT

TRANT	ARTER	ATTO	TENTA A TEN	ACCOUNT
P A W		A H . H . G I	WW A IN B. H.	

APP	PAY AND ALLOWANCE ACCOUNT (Commissioned Officers, Army Nurses, Warrant Officers, Contract Surgeons)		
	Pay of the Army, 19		
(1)	THE UNITED STATES, Dr.,		of paying office)
	To:(Name of payce) (Rank and organization)(Serial No.)		
(2)	To:	C. Oet.	, 19
DEP	Departed from 19 Reported for duty at the PENDENTS: Camp Lee, Va. Cot. 13	, D.C. Oc	6.14 42
(3)	Lawful wife		
	(State names, ages, and addresses each month. Evidence of dependency attached hereto or filed with voucher No		
(4)	Dependent mother(State her Christian or given name in full and husband's surname and her addr	ess each month)	
	During the current period for which allowances are claimed on account of my dependent mo	ther I have c	contributed to her
	support the sum of \$, in cash or its equivalent, without any consideration is her chief support, and each and every statement set forth in her affidavit dated		
	(attached hereto), filed with voucher for the month of	, is true ar	nd correct, and so
(E)	(State fully changes occurring between date of last affidavit and signing of this vouc	her)	
CRE	For over years' service; pay period; years completed on EDITS: 0		AMOUNT
(6) (7)	For base and longevity pay from, 19, to For additional pay for, from, 19		\$250_00
(8)	For pay for mount,, from, 19, to of which I was the actual and exclusive owner, which (was or were) suitable for the military s	service, and	
(9)	maintained at	. 19	
(10)	For subsistence allowance from	dependents, ers assigned m or to any	105 00
	Total Credits		\$8TE-00
(11)	BITS: Class "D" Government Insurance Premium \$	MOUNT	2000
(12)	Class "E" Allotment		
	Class "N" National Service Life Insurance Due United States for		
	Towns Dwyne		
	TOTAL DEBITS		\$
(15)	On (ordinary or sick) leave or absence; Departed, 19, under Par		No. 418 00
()	Hdqrs, 19; extended by Par, S. O. No, 19; Returned, 19	Hdqrs.	
(16)	I certify that the foregoing statement and account are true and correct; that payment therefor h payment to me as stated on the within pay voucher is not prohibited by any provisions of law appropriation(s) involved. Place to my credit with	as not been r limiting the	eceived; and that availability of the
	Bank of Chanel 1413 ORIGINAL MEMOF	RANDUN	1
	Date Chapel Hill, North Carudina ONLY) Corydon P. S	pruill, Jr	
(17)	I certify that during the period for which rental allowance is claimed on this voucher the above of quarters at his permanent station. (SIGN ORIGINAL ONLY, ON Name		
	MEMORANDUM, TYPE OR Rank		
	Date, 19 PRINT NAME AND RANK)	on Transuro	Commanding Officer.
(18)	Check(s) No.(s), dated, 19, for \$	States in favo	or of payee named
(10)	Cash. \$ OP 10 ORIGINAL	above. MORAN	IDUM
	IU ADDA L		