

WAR DEPARTMENT

PAY AND ALLOWANCE ACCOUNT

(Commissioned Officers, Army Nurses, Warrant Officers, Contract Surgeons)

APPROPRIATIONS:

PAY OF THE ARMY, 19

(1) THE UNITED STATES, Dr.,

To: Corydon P. Spruill, Jr. (Name of payee) Major, U.S.A. (Rank and organization) 9-496522 (Serial No.)

(2) Station AWAC, Washington, D.C. Station No. \_\_\_\_\_

On duty at present station per Par. \_\_\_\_\_, S. O. No. 87, Hdqrs. Washington, D.C., 19 42

Departed from Camp Lee, Va., Oct. 13, 19 42 Reported for duty at Washington, D.C., Oct. 9, 19 42

DEPENDENTS:

(3) Lawful wife Julia C. Spruill (State her Christian or given name in full and husband's surname and her address each month) \_\_\_\_\_ or

Unmarried children under 21 years of age \_\_\_\_\_

(State names, ages, and addresses each month. Evidence of dependency attached hereto or filed with voucher No. \_\_\_\_\_, 19 \_\_\_\_\_, accounts of \_\_\_\_\_)

(4) Dependent mother \_\_\_\_\_ (State her Christian or given name in full and husband's surname and her address each month)

During the current period for which allowances are claimed on account of my dependent mother I have contributed to her support the sum of \$ \_\_\_\_\_, in cash or its equivalent, without any consideration in return, which contribution is her chief support, and each and every statement set forth in her affidavit dated \_\_\_\_\_, 19 \_\_\_\_\_ (attached hereto), filed with voucher for the month of \_\_\_\_\_, 19 \_\_\_\_\_, is true and correct, and so remains at this time, except \_\_\_\_\_

(State fully changes occurring between date of last affidavit and signing of this voucher)

(5) For over \_\_\_\_\_ years' service; \_\_\_\_\_ pay period; \_\_\_\_\_ years completed on \_\_\_\_\_, 19 \_\_\_\_\_

CREDITS:

	AMOUNT
(6) For base and longevity pay from _____, 19 _____, to _____, 19 _____	\$ _____
(7) For additional pay for <u>October 1</u> , from <u>42</u> , to <u>October 31</u> , 19 <u>42</u>	\$ <u>250 00</u>
(8) For pay for _____ month, _____, from _____, 19 _____, to _____, 19 _____ of which I was the actual and exclusive owner, which (was or were) suitable for the military service, and maintained at _____	\$ _____
(9) For subsistence allowance from _____, 19 _____, to _____, 19 _____	\$ <u>63 00</u>
(10) For rental allowance from <u>October 1</u> , 19 <u>42</u> , to <u>October 31</u> , 19 <u>42</u> during which period I was not assigned adequate quarters at my permanent station, if without dependents, I was not on field or sea duty; if with dependents, I did not occupy with them any public quarters assigned to me without charge at any station, nor did any of them occupy public quarters assigned to them or to any other officer or his dependents, except for bona fide social visits _____	\$ <u>105 00</u>
TOTAL CREDITS	
	\$ <u>418 00</u>

DEBITS:

	AMOUNT
(11) Class "D" Government Insurance Premium _____	\$ _____
(12) Class "E" Allotment _____	\$ _____
(13) Class "N" National Service Life Insurance _____	\$ _____
(14) Due United States for _____	\$ _____
TOTAL DEBITS	
NET BALANCE	
	\$ <u>418 00</u>

(15) On \_\_\_\_\_ (ordinary or sick) leave or absence; Departed \_\_\_\_\_, 19 \_\_\_\_\_, under Par. \_\_\_\_\_, S. O. No. \_\_\_\_\_, Hdqrs. \_\_\_\_\_, 19 \_\_\_\_\_; extended by Par. \_\_\_\_\_, S. O. No. \_\_\_\_\_, Hdqrs. \_\_\_\_\_, 19 \_\_\_\_\_; Returned \_\_\_\_\_, 19 \_\_\_\_\_

(16) I certify that the foregoing statement and account are true and correct; that payment therefor has not been received; and that payment to me as stated on the within pay voucher is not prohibited by any provisions of law limiting the availability of the appropriation(s) involved.

Place to my credit with \_\_\_\_\_

Mail check to  
Bank of Chapel Hill  
Date Chapel Hill, North Carolina

(SIGN ORIGINAL ONLY)

MEMORANDUM

Corydon P. Spruill, Jr.

(17) I certify that during the period for which rental allowance is claimed on this voucher the above officer was not assigned adequate quarters at his permanent station.

(SIGN ORIGINAL ONLY. ON MEMORANDUM, TYPE OR PRINT NAME AND RANK) Name \_\_\_\_\_ Rank \_\_\_\_\_

Date \_\_\_\_\_, 19 \_\_\_\_\_ Commanding Officer.

(18) Paid by { Check(s) No.(s) \_\_\_\_\_, dated \_\_\_\_\_, 19 \_\_\_\_\_, for \$ \_\_\_\_\_ (SIGN ORIGINAL ONLY) } States in favor of payee named above.

MEMORANDUM

Copy  
**MILEAGE VOUCHER**

Act of June 10, 1922, 42 Stat. 631

D. O. Voucher No. \_\_\_\_\_

Bu. Voucher No. \_\_\_\_\_

(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)

**General Accounting Office**  
**PREAUDIT**

Certified for payment in the  
 sum of \$ \_\_\_\_\_  
 Comptroller General of  
 the United States.

By \_\_\_\_\_

U. S. War Department **QMG**  
 (Department and service)

**THE UNITED STATES, Dr.,**  
 To **Major Corydon P. Spruill, Jr. O-496522**  
 (Payee)

**QMG, Washington, D.C.**  
 (Official station) or (Home address, to be used by reserve and retired officers only)

**PAID BY**

(For use of paying officer)

Mail check to **Bank of Chapel Hill, Chapel Hill, North Carolina**

For mileage under attached order, **Oct. 9**, 19**42**, received at **Camp Lee, Virginia**

STATEMENT OF TRAVEL PERFORMED—To be filled in by traveler					COMPUTATION OF AMOUNT DUE—To be filled in by administrative officer			
DATE	FROM—	DATE	TO—	Kind of transportation furnished	Land grant included in established route and distance	Transportation furnished excluding land grant in column 6	Authorized mileage	NOTATIONS
19. <u>42</u>		19. <u>42</u>		(See note) (5)	(6)	(7)	(8)	
(1)	(2)	(3)	(4)		Miles	Miles	Miles	
10/13	Camp Lee, Va.	10/13	Washington, D.C.	None (P)				
Brought forward from statement on reverse hereof								
NOTE.—					TOTALS			
Transportation furnished by U. S. Government:					Rate per mile	Dollars 0.03	Dollars 0.03	Dollars 0.03
Government transportation request; rail, water, air, or highway					Amounts	Deduct columns 6 and/or 7		
Government automobile					Other deduction (explain on reverse)			
Government boat					NET AMOUNT TO BE PAID			
Government plane or airship								
No transportation furnished by U. S. Government								
Indicate method of travel used by inserting after "None" one of the following letters: Highway (H);								
Air (A); Water (W); Rail (R); Privately owned conveyance (P).								
T/R No.	Carrier(s)							
T/R No.	Carrier(s)							
T/R No.	Carrier(s)							

Major, Q.M.C.

**MEMORANDUM**

ACCOUNTING CLASSIFICATION—For completion by administrative office

Appropriation, limitation or project symbol	Appropriation title		Limitation or project (amount)	Appropriation (amount)		
Allotment symbol	Amount	Encumbrance liquidated	Cost account		Object of expenditure	
			Symbol	Amount	Symbol	Amount

Paid by { Check No. \_\_\_\_\_, dated \_\_\_\_\_, 19\_\_\_\_, for \$ \_\_\_\_\_ (on Treasurer of the United States in favor of payee named above.)  
 { Cash, \$ \_\_\_\_\_, on \_\_\_\_\_, 19\_\_\_\_

(MEMORANDUM—Do not sign)

I further certify that payment to me as stated on this voucher is not prohibited by any provision of law limiting the availability of the appropriation involved.

10/15/42

Major, Q.M.C.



WAR DEPARTMENT  
**PAY AND ALLOWANCE ACCOUNT**

APPROPRIATIONS:

(Commissioned Officers, Army Nurses, Warrant Officers, Contract Surgeons)

PAID BY
(For use of paying office)

----- PAY OF THE ARMY, 19-----

(1) **THE UNITED STATES, Dr.,**

To: Corydon P. Spruill, Jr. (Name of payee) Major, USA (Rank and organization) 0-196522 (Serial No.)

(2) Station Washington, D.C. Station No. \_\_\_\_\_

On duty at present station per Par. C., S. O. No. \_\_\_\_\_, Hdqrs. \_\_\_\_\_, 19\_\_\_\_

Departed from Camp Lee, Va. Oct. 13, 19\_\_\_\_ Reported for duty at Washington, D.C. Oct. 9, 19\_\_\_\_

DEPENDENTS:

(3) Lawful wife \_\_\_\_\_ or

Unmarried children under 21 years of age \_\_\_\_\_  
(State her Christian or given name in full and husband's surname and her address each month)

(State names, ages, and addresses each month. Evidence of dependency attached hereto or filed with voucher No. \_\_\_\_\_, 19\_\_\_\_, accounts of \_\_\_\_\_)

(4) Dependent mother \_\_\_\_\_  
(State her Christian or given name in full and husband's surname and her address each month)

During the current period for which allowances are claimed on account of my dependent mother I have contributed to her support the sum of \$\_\_\_\_\_, in cash or its equivalent, without any consideration in return, which contribution is her chief support, and each and every statement set forth in her affidavit dated \_\_\_\_\_, 19\_\_\_\_ (attached hereto), filed with voucher for the month of \_\_\_\_\_, 19\_\_\_\_, is true and correct, and so remains at this time, except \_\_\_\_\_

(State fully changes occurring between date of last affidavit and signing of this voucher)

(5) For over \_\_\_\_\_ years' service; \_\_\_\_\_ pay period; \_\_\_\_\_ years completed on \_\_\_\_\_, 19\_\_\_\_

CREDITS:

(6) For base and longevity pay from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_ \$\_\_\_\_\_

(7) For additional pay for October 1, from 42, 19\_\_\_\_, to October 31, 19\_\_\_\_ \$250 00

(8) For pay for \_\_\_\_\_ amount, \_\_\_\_\_, from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_ of which I was the actual and exclusive owner, which (was or were) suitable for the military service, and maintained at \_\_\_\_\_

(9) For subsistence allowance from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_ \$63 00

(10) For rental allowance from October 1, 19\_\_\_\_, to October 31, 19\_\_\_\_ \$105 00  
during which period I was not assigned adequate quarters at my permanent station; if without dependents, I was not on field or sea duty; if with dependents, I did not occupy with them any public quarters assigned to me without charge at any station, nor did any of them occupy public quarters assigned to them or to any other officer or his dependents, except for bona fide social visits.

TOTAL CREDITS \$418 00

DEBITS:

(11) Class "D" Government Insurance Premium \_\_\_\_\_

(12) Class "E" Allotment \_\_\_\_\_

(13) Class "N" National Service Life Insurance \_\_\_\_\_

(14) Due United States for \_\_\_\_\_

TOTAL DEBITS \_\_\_\_\_

NET BALANCE \$\_\_\_\_\_

(15) On \_\_\_\_\_ (ordinary or sick) leave or absence; Departed \_\_\_\_\_, 19\_\_\_\_, under Par. \_\_\_\_\_, S. O. No. 418 00, Hdqrs. \_\_\_\_\_, 19\_\_\_\_; extended by Par. \_\_\_\_\_, S. O. No. \_\_\_\_\_, Hdqrs. \_\_\_\_\_, 19\_\_\_\_; Returned \_\_\_\_\_, 19\_\_\_\_

(16) I certify that the foregoing statement and account are true and correct; that payment therefor has not been received; and that payment to me as stated on the within pay voucher is not prohibited by any provisions of law limiting the availability of the appropriation(s) involved.

Place to my credit with Mail check to \_\_\_\_\_

Bank of Chapel Hill \_\_\_\_\_

Date Chapel Hill, North Carolina \_\_\_\_\_

(SIGN ORIGINAL ONLY)

MEMORANDUM

Corydon P. Spruill, Jr.

(17) I certify that during the period for which rental allowance is claimed on this voucher the above officer was not assigned adequate quarters at his permanent station.

(SIGN ORIGINAL ONLY. ON MEMORANDUM, TYPE OR PRINT NAME AND RANK) Name \_\_\_\_\_ Rank \_\_\_\_\_  
Date \_\_\_\_\_, 19\_\_\_\_ Commanding Officer.

(18) Paid by { Check(s) No.(s) \_\_\_\_\_, dated \_\_\_\_\_, 19\_\_\_\_, for \$\_\_\_\_\_,  
Cash, \$\_\_\_\_\_, on \_\_\_\_\_, 19\_\_\_\_ (SIGN ORIGINAL ONLY) } on Treasurer of the United States in favor of payee named above.

MEMORANDUM