

298 B

Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers.....

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms.....

Proceedings on discharge.....

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet.....

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....

A. F. B. 122 - 1

A. F. B. 178 - 1

R. 149 - 1

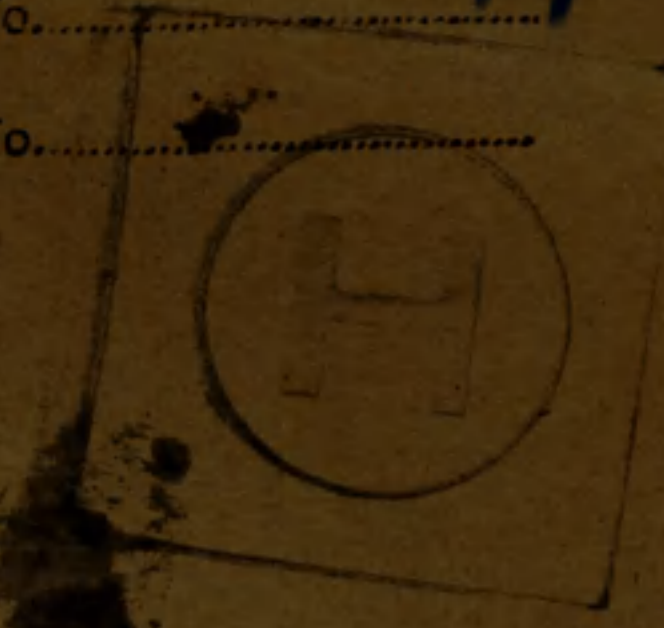
1 card

DISCHARGE DOCUMENTS

R. O. No.

H. Q. No.

H



Name

Name, **C. HARREL ALEXANDER ROBERT.**

Regt

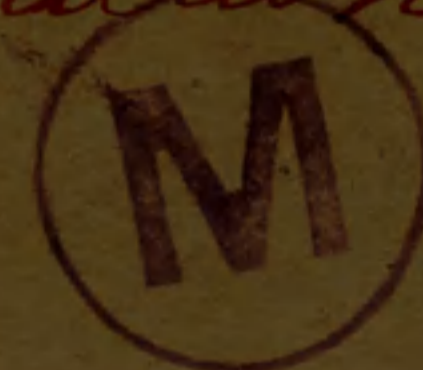
Regt, No, **65172.**, Rank, **Sgt.**

Corps

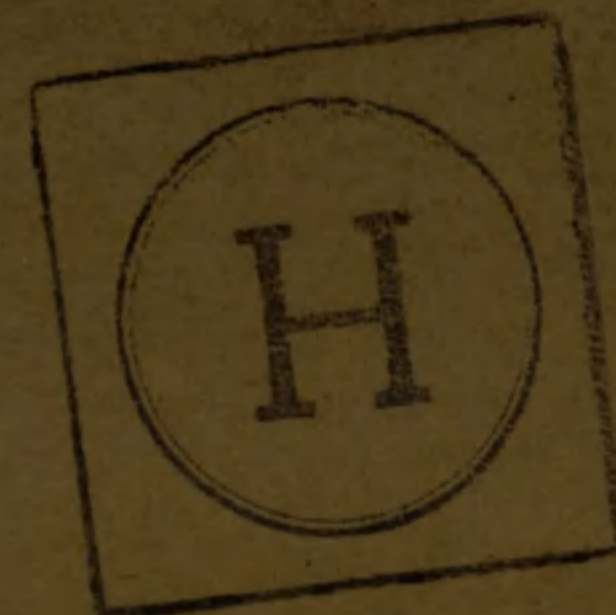
Corps, **24th** **Inf.**

16537

Killed in Action 1-10-16.



Index Card.....
Casualty Card..... /
Non-Effective Card.....
Part II Order Card.....
Change of Address Card.....
Honour & Award Card.....



26 5
4 - 3
6 - 5

[Handwritten signature]

MX
2411

ORIGINAL

ATTESTATION PAPER.

No. *7/11/1914*

Folio. *65172*

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name?..... *Alexander Robert Charnel*
 2. In what Town, Township or Parish, and in what Country were you born?..... *Constantinople*
 3. What is the name of your next-of-kin?..... *Mrs. B. Waller*
 4. What is the address of your next-of-kin?..... *Ministry of Interior Cairo Egypt*
 5. What is the date of your birth?..... *Jan 25th 1892.*
 6. What is your Trade or Calling?..... *Artist*
 7. Are you married?..... *No*
 8. Are you willing to be vaccinated or re-vaccinated?..... *yes*
 9. Do you now belong to the Active Militia?..... *yes*
 10. Have you ever served in any Military Force?.. *3rd V. B. C. Montreal - Supt.*
If so, state particulars of former Service. *Five years.*
 11. Do you understand the nature and terms of your engagement?..... *yes.*
 12. Are you willing to be attested to serve in the } *yes*
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }
- A. R. Charnel*.....(Signature of Man).
S. Beecher.....(Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *A. R. Charnel*, do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Date *Oct 28* 1914. *A. R. Charnel* (Signature of Recruit)
A. Gill (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *A. R. Charnel*, do make Oath, that I will be faithful and bear true Allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Date *Oct 28* 1914. *A. R. Charnel* (Signature of Recruit)
A. Gill (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at *Montreal* this *28* day of *Oct* 1914.

Arthur Mowbray P. (Signature of Justice)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

.....(Approving Officer)

Description of Alexander Robert Charellon Enlistment.

Apparent Age.....22.....years.....9.....months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

Distinctive marks, and marks indicating congenital peculiarities or previous disease.
 (Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer).

Height.....5 ft. 7 1/4 ins.

Chest measurement { Girth when fully expanded.....35 1/2 ins.
 Range of expansion.....4.....ins.

Complexion.....Dark

Eyes.....Brown

Hair.....Dark Brown

Religious denominations. { Church of England.....Yes
 Presbyterian.....
 Wesleyan.....
 Baptist or Congregationalist.....
 Other Protestants.....
 (Denomination to be stated.)
 Roman Catholic.....
 Jewish.....

No

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him*.....fit.....for the **Canadian Over-Seas Expeditionary Force.**

Date.....Dec 26.....1914.

Place.....Montreal.....

.....H. L. Paves.....
 Medical Officer.

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

.....having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

.....(Signature of Officer)

Date.....1914.

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

Surname **Charrell** Christian Name or Names **A.R.** Reg. No. **65172**
 Rank **Sgt.** Unit **24th Bn.** Co. Troop Batty.

Hospital **4 Can. Fld. Amb.** Date of Admission **18.7.16**
Transferred Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis **Bronchitis**

(1) Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

*Rept. from Base: -
Killed in action 1-10-16.*

DISPOSITION **Dis. to Duty** **21.7.16** Date

C.L. 8.8.16 A289

REMARKS

CL. 14-10-16. A347.

A.M.D. 2 DEPT.
Boh: of D.G.M.S. O.M.F.C. London.

Big R



No. 417

RANK

Pte.

NAME

Charrel A. R.

65172 Mar. Paylist.

T. O. S. 28-10-14

UNIT

24th. Battalion

not. Paylist.

M. D. 4

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1914 28 Oct.	1914 31 Oct.	✓	shown as Sgt. 14-11-14	not. Paylist.
1 Nov.	13 Nov.	} ✓		
14 Nov.	30 Nov.			
1915 Dec.	1915	✓		
Jan.		✓		
Feb.		✓		
Mar.		✓		
Apr.		✓		
May.		✓		
			UNIT SAILED	
			MAY 1 1 1915	

Name CHARRELL. Alexander. Robert. ~~SGT~~ Reg. No. 65172.
 C.Q.M.S.

Unit 24th. Battalion.

22. 1933

Next of Kin Mrs. B. Wally. Ministry of Interior. Cairo.
 Egypt.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
18-7-16.	4. C.F.A.		Bronchitis.	A289.		
21-7-16.	Dis to duty.		" "	A289.		
1-10-16.	KILLED IN ACTION.			A347.	13-10.0.2795.	14-10

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A 289.	4 Can. Fd. Amb.	18-7-16.	Bronchitis.
A 289.	" Disc to Duty.	21-7-16	"
2347	Rep from the Base	1-10-16	Killed in action

NAME *Charrel, Alexander Robert* REGT'L. No. *65172.*

RANK AND CORPS *Plat. 24th Bn (2nd C.O)*

CABLE

NATURE OF CASUALTY

No.	DATE	NATURE OF CASUALTY
<i>02795</i>	<i>13-10-16</i>	<i>Killed in action Oct 1st /16.</i>
<i>B.2090.</i>	<i>11-10-16</i>	<i>" " " Rec'd 26-2-17</i>
	<i>Rouen</i>	

DESP DEC 12 1921
REG. NO. 2784

Number *65172* Rank *C. Q. M. S.* ~~IX~~

Surname *CHARREL*

W. M. Christian Names *Alexander Robert* ~~IX~~

Unit *24 Bn Cavalry* Theatre of War *France* ~~IX~~

Date of Service *15.9.15*

Remarks *Prother*

Latest Address *Mrs. B. Wally*
% Gaspar Wally Pascha

Roll No. *B Page 2229* Under Secretary of State
Ministry of the Interior
Cairo Egypt.

From Montreal per S.S. "Cameronia" 11-5-10

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE

Present Address

C.

649-C-9328.

CARD NO.

D

SURNAME.

Charrel

CHRISTIAN NAMES

Alexander Robert

FOLL.

REGL. NO.

65172

RANK

Sergt.

UNIT

24th

Bn.

FORMER CORPS

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Wally, John B

RELATIONSHIP TO SOLDIER

ADDRESS

Minister of Interior
Cairo, Egypt.

COUNTRY OF BIRTH

Turkey Constantinople.

DATE

Jan. 25, 1892

PLACE OF ATTESTATION

Montreal, P. Q.

DATE

Oct. 28th - 1914

0/8.11-5-15

Scroll Desp. FEB 11 1922 Reqn. No. 253802

Plague Desp. FEB 15 1922 Reqn. No. P29644

12-b-L

68919 J

Had.

Charrell. A.R., COMS. 65172 24th Bn. 649-C-9328

Med. & Dec. (Mother) Mrs. B. Wally.
c/o Gaafar Waly Pasha.
Under Secretary of State.
Ministry of the Interior.
Cairo. Egypt.

P. & S. (Mother) Address as above.

Per 765444

Mem. Cross. (Mother) Address as above.

Eligible for star Sgt. 24th Bn.

*Eleg. " V.M.
Eleg. " B.W.M.
M.D.*

A 55944

Rank *Serq^t*

Name **CHARRELL Alexander Robert.**

Reg'l No. **65172.**

Unit **24th Bn.**

If in perm. Corps,
What Unit?

Married or Single **Single.**

Place and Date of Enlistment **Montreal, Que. Oct 28th 1914.** Place of Birth **Constantinople.**

Name and Address, Next-of-Kin **Mrs. B. Wally. Ministry of Interior Cairo. Egypt.**

Relationship

Assigned Pay Monthly \$

Payable to

Entered on N.E. Card Index

Relationship

Checked by

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Kmd 10/16

Reason

629347 14/16

Character

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.	
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date							
1 June	30 June	30	1 ²⁵	40 50	30	15	4 50		45			40			40	5		
1 July	31 July	31		41 85	31		4 65		46 50			45			45	6 50		
Adjustment of Exchange								2 27	2 27							8 77		
1 Aug	31 Aug	31	1 ²⁵	41 85	31	15	4 65		46 50			51 10			51 10	4 17		
1 Sep	30 Sep	30		40 50	30		4 50		45			10 71			10 71	38 46		
1 Oct	31 Oct	31		41 85	31		4 65		46 50			5 23			5 23	79 73		
1 Nov	30 Nov	30		40 50	30		4 50		45			10 58			10 58	114 15		
1 Dec	31 Dec	31		41 85	31		4 65		46 50			24 74			24 74	135 91		
1 Jan	31 Jan	31		41 85	31		4 65		46 50			10 46			10 46	171 95		
1 Feb	29 Feb	29		39 15	29		4 35		43 50			29 56			29 56	185 89		
1 Mar	31 Mar	31		41 85	31		4 65		46 50	851 906		523 523			97 33	107 79	124 60	F. C. 3-271
			305	41175				4575	22745977			33517			33517			



Settled
BALANCE TRANSFERRED TO NEW LEDGER.

Checked *[Signature]*

Rank *Sgt* Name ~~CHARRELL~~ Alexander Robert. Reg'l No. 65172. ✓
 Unit 24th Bn. If in perm. Corps, }
 What Unit? Married or Single *Single*.

Place and Date of Enlistment Montreal. Que. Oct 28th 1914. Place of Birth Constantinople.

Name and Address, Next-of-Kin Mrs. B. Wally. ~~Ministry~~ *Ministry* of Interior Cairo. Egypt.
 Relationship

Assigned Pay Monthly \$ Payable to

Relationship

Separation Allowance \$ Payable to

Relationship

P.L. 25. 0. 1933.

Discharge, Date and Place Reason

Character *70*

*MX
24/8/21 MJ.*

M

Report		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Documents ✓
Date	From whom received				
		Arrived in England per S.S. Camerounia		20.5.15	
9.9.15.	bc. 24 th	Confir. of rank of Sergt.	East Sandring	1.9.15.	P. 2. 0 305
19.9.15.		Embarked for France	Folkestone	15/9/15.	Emb. memv. 288.
7.4.16	24 th Bn.	Granted 8 days leave	In the Field	22.3.16	Part II - 15
8.8.16	"	Adm 4 Cau. Hld. Amb.	"	18.7.16	C.L.A. 289 Bronchitis
"	"	Sec 4 " " to duty	"	21.7.16	" 289 "
8.9.16	"	Promoted b. Q. M. S.	"	²⁵ 28.8.16	Pt. II - 39 (cancelled Pt. II - 48) ^{21.9.16}
14.10.16	"	Killed in action	"	1.10.16	C.L.A. 347. O.K.
11.10.16	"	Killed in Action	"	1.10.16	Pt. II 62.

MEDICAL HISTORY SHEET.

Surname Charrel Christian Name Alexandre Robert

Examined { on 26th day of Oct 1914
 at Montreal
 Birthplace { City or Town Constantinople
 County Turkey
 Approved by Signed for
H. L. Paveny
 Rank Capt Amb M.O.

Apparent age 22 1/2
 Trade or occupation Clerk
 Height 5 Feet 7 1/4 Inches. M.O.
 Weight _____ Lbs. M.O.
 Chest measurement { Minimum 31 1/4 inches. M.O.
 Maximum expansion 4 inches. M.O.
 Physical development fair M.O.
 Small-Pox Marks none M.O.

Vaccination Marks { Arm Right. Left.
 Number _____
 When Vaccinated last _____ M.O.
 (a) Marks indicating congenital peculiarities or previous disease None M.O.
None M.O.

(b) Slight defects but not sufficient to cause rejection
None
 Date Result ANTI-TYPHOID INOCULATIONS, ETC
July 8/15 St. Stanislaus Capt Amb M.O.
1st do M.O.
 M.O.

Enlisted on 28th day of October 1914 at Montreal

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>24 Batt. (VR) C.E.F.</u>	<u>65172.</u>		<u>Oct 28/14</u>
Transferred to.. ..				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

N. B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective ; the date and cause being stated on next page.

651726 ✓

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				

Casualty Form—Active Service.

CERTIFIED CORRECT.
Canadian Record Office,
Westminster House,
7, Millbank *Alu.*

Regiment or Corps 24th Bn. V.R., C.E.F.

Regimental No. 65172 Rank Sergeant Name Charrel, A. R.

Enlisted (a) 28.10.14 Terms of Service (a) _____ Service reckons from (a) _____

Date of promotion to present rank } _____ Date of appointment to lance rank } _____ Numerical position on roll of N.C.Os. } _____

Extended _____ Re-engaged _____ Qualification (b) _____

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
16.9.15	24 th CAN-BN	Disembarked	Boulogne	16.9.15	Norfolk
24.3.16	"	Granted 8 days leave	In the Field	22.3.16	B213. Part II Orders of 14/16
30.5.16	"	Reprimand for Neglect of Duty	"	26.5.16	B2069.
21.7.16	"	Malaria	"	16.7.16	B213
22.7.16	4 CFA	Bronchitis	4 CFA.	15.7.16	a36
22.7.16	"	"	2 BRD	18.7.16	a36
22.7.16	"	"	"	18.7.16	a36
22.7.16	5 CFA	"	5 CFA	18.7.16	a36
22.7.16	"	Lo Duty.	In the Field	21.7.16	a36
28.7.16	"	"	"	21.7.16	B213.
28.7.16	24 th CBrn	"	"	199	"
25.8.16	"	Promoted to 2 nd Lt. vice 65640 C. 2 nd Lt. Morgan	"	25.8.16	B213 P.2.O. 39 dt. 8/9/16
5.10.16	"	Promoted to P.M.	"	1.10.16	KI-137/1645 237 dt. 11/10/16
	"	Killed in Action	"		pt 405 62 dt. 11/10/16.

W. Morgan Capt.
For Officer i/c Can. Records,
Canadian Section,
G.H.Q. 3rd Echelon.

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g., Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties. [P.T.O.]

Table III.—Boards ; Courts of Inquiry, Vaccination, Inoculations, etc. ; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service ; Issue of Surgical Appliances ; Particulars of Dental Treatment, etc.

Date	Brief details, and signature.	
8.2.15	Vaccination	S.J.L.Jenkins, Capt.
4.12.14	Inoculation	H.G.Muckelston, Capt.
14.12.14	"	"

Table IV.—Service Table.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation	Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation

DUPLICATE. 65172

Army Form B. 178.

To be used for recruits enlisting direct into the Regular Army only. Army Form B. 178^A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname CHARREL Christian Name Alexander, Robert

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Constantinople County Turkey

Examined ... { on 26th day of October 1914 at Montreal

Declared Age ... 22 years 9 mths days.

Trade or Occupation ... Clerk

Height ... 5 feet, 7½ inches.

Weight ... lbs.

Chest Measurement { Girth when fully Expanded. 21½ 35! inches. Range of Expansion 4 inches.

Physical Development ... Fair

Vaccination Marks { Arm ... Right Left Number

When Vaccinated ...

Vision ... { R.E.—V=
L.E.—V=

(a) Marks indicating congenital peculiarities or previous disease ... (a)

(b) Slight defects but not sufficient to cause rejection ... (b)

Approved by (Signature) H.L.Paney
(Rank) Capt.
Medical Officer.

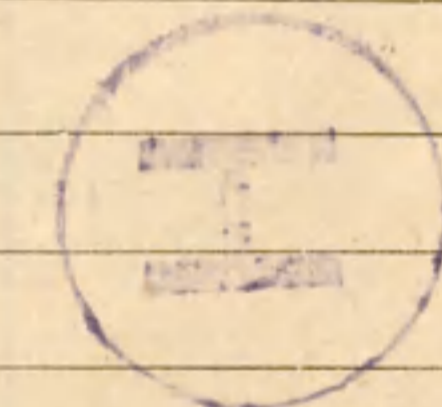
Enlisted ... { at Montreal on 28th day of October 1914.

Corps.	Regtl. No.
<u>24th Batt. 28.10.14</u>	<u>65172</u>

Transferred to ...

Became non-effective by ... on ... day of ... 191 .

(Signature) _____
(Rank) _____



I certify the foregoing to be a true copy of an original entry on a Medical History Sheet of this ... C.A.M.C. for the Officer in Charge of Records Canadian Contingents.

This Medical History Sheet has been compared with the Corresponding Attestation Paper, and entries made in red have been taken from the Attestation Paper.

W.R.WARD, P.T.O.
Colonel in Charge of Records,
Canadian Contingents

Table II.—Only for Admissions to Hospital or to the Sick List in the Case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of Days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer.
	Day	Month	Year	Day	Month	Year				
No 4 Can. Fd. Amb.	18	7	16	21	7	16	Bronchitis	3	To duty	A289

MARRIED OR SINGLE **S**

PLACE OF BIRTH **Constantinople**

NAME AND ADDRESS OF NEXT OF KIN **Mrs B Wally
Ministry of Interior, Cairo, Egypt**

RELATIONSHIP OF NEXT OF KIN

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Promoted C.Q.M.S.	25/1/16	90.39-89-16
Killed in Action	14/10/16	62A347 14/10/16

ADMISSIONS TO HOSPITAL, &c.		
DATE ADMITTED	DATE DISCHARGED	V. OR A.

REG'L No. **65.172** RANK **Sgt C.Q.M.S.** NAME **Charrell, Alexander Robert**

IF IN PERM. CORPS WHAT UNIT **24th Batt.** TRANSFERRED TO **W.C.** DATE **1916** AUTHORITY **9307 14/10/16**

PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION **Montreal** TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION **Oct 28th 1914** TRANSFERRED TO DATE AUTHORITY **no PB**

ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE

PAYABLE TO

ASSIGNED PAY MONTHLY \$ **NIL** DATE EFFECTIVE

PAYABLE TO

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON

DISCHARGE DATE AND PLACE REASON AND AUTHORITY **Entered on N.E. Card Index**

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) **9.11.16 Effective 2.10.16** Checked by **W. S. M. A.**

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)



DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS		
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					1	2	3	4	1	2	3	4				CREDIT	DEBIT					
			\$	c.			\$	c.			\$	c.																				NO.	DATE
1916. March.															45977										335 17	124 60							
Apr 30	30	1.35	40 50	30	15	4 50						45	957 1028				5 23	5 23							10 46	159 14							
May 31	31	1.35	41 85	31	15	4 65						46 50	1079 3/5/16 1157				5 11	5 11							15 33	190 31							
June 1-30	30	-	40 50	30	-	4 50						45 00	1198 7/6					5 11							5 11	230 20							
July 1-31	31	-	41 85	31	15	4 65						46 50	1243 6 1278				5 11	2 61							7 72	268 98							
Aug 1-31	31	-	41 85	31	-	4 65						46 50	1328 7 1371				10 46	10 46							20 92	294 56							
Sept 1-30	30	1.50	45 00	30	20	6 00						2 40	53 40 1417	31/10/16 1462 15/9/16			8 42	5 23				1 00	14 95	333 01									
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DR.3																																	
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DEFER. SEP. PAY																																	

Checked **C. Robertson**

**Rank Pay and
Trans U.S. Branch
9-11-16 Effect 2-10-16**

July 19 **Trans to Pay 110**
 1504 1/16 Bm. 10/147

Aug 19 **P.A. Board Rules**
 595 1/30 35/7

262

262

NIL

Prail 7.2%

J.D.B. List No 27

Prad 11/10/16

