

14815  
14815  
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

1 Card

1 R 122

M. F. W. 62.  
50M.-9-16.  
H. Q. 1772-39-935.

M. F. 5-3-20

# DISCHARGE DOCUMENTS



Name Christopher Christopher  
Regt. No. 438748 Rank Pte.  
Corps 52nd Bn.  
Killed in action. 16-9-16.

19954



R. O. No. ....  
H. Q. No. ....





# ATTESTATION PAPER

No.

Folio.

## CANADIAN OVER-SEAS EXPEDITIONARY FORCE

### QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS)

1. What is your name? *C. Christopher, Christopher*
2. In what Town, Township, or Parish, and in what Country were you born? *Upwey, Dorset, Eng.*
3. What is the name of your next-of-kin? *Mrs E. J. Christopher (Mother)*
4. What is the address of your next-of-kin? *Upwey, Dorset, Eng.*
5. What is the date of your birth? *July 8th 1890*
6. What is your trade or calling? *Loco fireman*
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? *no*
10. Have you ever served in any Military Force?  
If so, state particulars of former Service. *no*
11. Do you understand the nature and terms of your engagement? *yes*
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? *yes*

*C. Christopher* (Signature of Man.)

*J. A. Johnston* (Signature of Witness.)

### DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *C. Christopher*, 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.

*C. Christopher* (Signature of Recruit.)

Date *May 10th 1915* *J. A. Johnston* (Signature of Witness.)

### OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *C. Christopher*, 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.

*C. Christopher* (Signature of Recruit.)

Date *May 10th 1915* *J. A. Johnston* (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 *Port Arthur* this *10th* day of *May* 191 *5*.

*A. W. Hayf. C.* (Signature of Justice.)

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

*A. W. Hayf. C.* (Approving Officer.)

DESCRIPTION OF Christopher C. ON ENLISTMENT.Apparent Age 25 years \_\_\_\_\_ 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. 11/4 ins.Chest measurement { Girth when fully expanded \_\_\_\_\_ 36/4 ins.  
Range of expansion \_\_\_\_\_ 2/2 ins.Complexion \_\_\_\_\_ FairEyes \_\_\_\_\_ BlueHair \_\_\_\_\_ BrownReligious Denominations { Church of England \_\_\_\_\_ yes  
Presbyterian \_\_\_\_\_  
Methodist \_\_\_\_\_  
Baptist or Congregationalist \_\_\_\_\_  
Other Protestants \_\_\_\_\_  
(Denomination to be stated.)  
Roman Catholic \_\_\_\_\_  
Jewish \_\_\_\_\_

## 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 May 10<sup>th</sup> 1915Place Pi. ArthurG. Brown  
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

C. Christopher 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.Date May 10<sup>th</sup> 1915A. W. Hays  
(Signature of Officer.)

Max

5-3

20  
Q

ORIGINAL  
MEDICAL HISTORY SHEET. 438748  
A 38748

Surname Christopher Christian Name Christopher

Examined { on 10 day of May 1915  
at Rt. Arthur

Birthplace { City or Town Dorset  
County England

Apparent age 25

Trade or occupation Loco fireman

Height 5 Feet 11 1/2 Inches.

Weight 139 Lbs.

Chest measurement { Minimum 34 inches  
Maximum expansion 36 1/2 inches

Physical development Good

Small-Pox Marks —

Vaccination Marks { Arm Right Left  
Number 2

When Vaccinated last 1915

(a) Marks indicating congenital peculiarities or previous disease —

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

Approved by W. H. Cullough  
Rank Capt. A.M.C. M.O.

| Date | Fit or Unfit | EXAMINED FOR RE-ENGAGEMENT, |
|------|--------------|-----------------------------|
|      |              | M.O.                        |
|      |              | M.O.                        |
|      |              | M.O.                        |
|      |              | M.O.                        |
|      |              | M.O.                        |
|      |              | M.O.                        |

| Date | Result | VACCINATIONS.       |
|------|--------|---------------------|
| 1915 | Good   | W. H. Cullough M.O. |
|      |        | M.O.                |
|      |        | M.O.                |

| Date    | Result | ANTI-TYPHOID INOCULATIONS, ETC. |
|---------|--------|---------------------------------|
| 7/5 '15 | Good   | W. H. Cullough M.O.             |
| 12/5 "  | "      | W. H. Cullough M.O.             |
| 5/6 "   | "      | W. H. Cullough M.O.             |

Enlisted on 10 day of May 1915 at Rt. Arthur

|                      | CORPS.                      | REG'TL NUMBER. | HABITS. | DATE.             |
|----------------------|-----------------------------|----------------|---------|-------------------|
| Joined on enlistment | <u>52<sup>nd</sup> O.B.</u> | <u>438748</u>  |         | <u>10 May '15</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.

Surname.

[illegible]

| Rank | Pto | Name                     |
|------|-----|--------------------------|
|      |     | CHRISTOPHER, Christopher |

Reg'l No. 438748

Unit 52nd Bn.

If in perm. Corps, }  
What Unit?

Married or Single

Single

Place and Date of Enlistment

Pt. Arthur, 10th May 1915.

Place of Birth

Upwey, Dorset, ENG

Name and Address, Next-of-Kin

Mrs E. J. Christophar.

Upway, Dorset, ENGLAND.

Relationship

Mother

Entered on N.E. Card Index. 7.14.76

Assigned Pay Monthly \$

Payable to

Relationship

Checked by T. Williams

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

16 - 9 - 16

Reason

K in a  
L.R. 2/170.

### Character

Character  
13/10/16

| 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. |                |              |               |              |         |                           |
| 1915     |        |             |      |                 |             |      |               |               |         |     |                |              |               |              |         |                           |
| Dec 1    | Dec 31 | 31          | 100  | 31 00           | 31          | 10   | 3 10          | 34 10         | 855     |     | 17 03<br>17 03 |              |               | 34 06        | 04      |                           |
| 1916     |        |             |      |                 |             |      |               |               |         |     |                |              |               |              |         |                           |
| Jan 1    | Jan 31 | 31          | 100  | 31 00           | 31          | 10   | 3 10          | 34 10         | 102     |     | 14 60          |              |               | 14 60        | 19 54   |                           |
| Feb 1    | Feb 29 | 29          | 100  | 29 00           | 29          | 10   | 2 90          | 31 90         | 19516   |     | 17 03<br>2 62  |              |               | 19 65        | 31 79   |                           |
| Mar 1-31 |        | 31          | ..   | 31 -            | 31          | ..   | 3 10          | 34 10         | 71105   |     | 2 62<br>2 61   |              |               | 5 73         | 60 66   |                           |
|          |        |             |      | 122 00          |             |      | 12 20         | 134 20        | 43 54   |     |                |              |               | 73 54        | 60 66   |                           |

Checked

BALANCE TRANSFERRED TO NEW LEDGER.

Cash found in  
effects *N. R.*



Rank Pte Name CHRISTOPHER, Christopher

Reg'l No. 438748

R-122.

Unit 52nd Bn.

If in perm. Corps,  
What Unit?

Married or Single Single

Place and Date of Enlistment Pt. Arthur, 10th May 1915.

Place of Birth Upway, Dorset, ENG.

Name and Address, Next-of-Kin Mrs E. J. Christopher,

Upway, Dorset, ENGLAND.

Relationship Mother

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Reason 25-6 1921 Character

16

|            |        |
|------------|--------|
| N/E R B NO | 9      |
| File R L   |        |
| Category   | Kin A. |

| Report      |                    | Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case. | Place  | Date                        | REMARKS<br>Taken from Official Documents |
|-------------|--------------------|--------------------------------------------------------------------------------------------------------------------------------|--------|-----------------------------|------------------------------------------|
| Date        | From whom received |                                                                                                                                |        |                             |                                          |
|             |                    | Arrived in England<br>Embarked for France.                                                                                     |        | 3 DEC 1915<br>20.2.16 W. R. |                                          |
| 9.10.16     | GB 52              | Killed in Action                                                                                                               | Field. | 16.9.16                     | P II 43 KA                               |
| 13. 10. 16. | " "                | " "                                                                                                                            | "      | "                           | C L A. 170 "                             |



## Casualty Form—Active Service.

Regiment or Corps

52nd Canadian Bn

Regimental No.

438748

Rank

Pte

Name

Christopher, Christopher

Enlisted (a)

10.5.15

Terms of Service (a)

Mobilization

Service reckons from (a)

10.5.15

Date of promotion to  
present rankDate of appointment  
to lance rankNumerical 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<br>taken from Army Form B. 213, Army Form A. 36, or other official documents. |
|---------|--------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------|---------------------------------------------------------------------------------------|
| Date    | From whom received |                                                                                                                                                                                                                  |                      |         |                                                                                       |
|         |                    |                                                                                                                                                                                                                  | handed in France     | 21/2/16 |                                                                                       |
| 23.9.16 | O.C. 52nd C.B.N.   | Killed in action                                                                                                                                                                                                 | EMBARKED FOR FRANCE. | 20 2 16 | 13144 by 1844 9 M 5.2                                                                 |
|         |                    |                                                                                                                                                                                                                  | Filed.               | 16.9.16 | B213. #43. a.g. 10.16.                                                                |

Lieut. for Lt.-Col., A. A. G.  
Canadian Section, G. H. Q. 3rd Echelon, B. E. F.

(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.

| 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<br>taken from Army Form B. 213, Army Form A. 36, or other official documents. |
|--------|--------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|------|---------------------------------------------------------------------------------------|
| Date   | From whom received |                                                                                                                                                                                                                  |       |      |                                                                                       |
|        |                    |                                                                                                                                                                                                                  |       |      |                                                                                       |

Surname

Christian Name or Names

Reg. No.

*Christopher C*  
Rank Unit Co. Troop Batty

*Pt* *52 Bn*  
Hospital Date of Admission

Transferred

Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis

(1) *Killed in Action*  
Later Diagnosis (if changed) *16. 9. 16*  
(2)  
(3)

Additional Diagnosis: if more than one state present

A.M.D. 2 DEPT.

DISPOSITION *Bch. of D.G.M.S. O.M.F.C. London.*

Date

REMARKS

*64 19. 10. 16 0146*

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

Number. 4387 H.C. Rank. Cpl. B

Surname. C.H. CHRISTOPHER

Christian Name. Christopher X

Unit. 52nd Bn. Can. Inf. Theatre of War. France

Date of Service. 20-2-16 D

Remarks.

Latest Address. Mrs. Maud Christopher (m)

Weylands. Upway. W. Dorchester

Roll No. B Page 4426 Dorset. England.

B. A. 10619 Sup

MAY 2 7 1921

No. A 38748

RANK

Sto

NAME \_\_\_\_\_

Christopher, C.

T. O. S.

10-25-125

D.O. 470

UNIT

52nd

Butts line

6

E. 5

M. D. 10

| PAID           |                | SIG.<br>OR<br>REC'T | PROMOTIONS, TRANSFERS, DISCHARGES, ETC. |           |
|----------------|----------------|---------------------|-----------------------------------------|-----------|
| FROM           | TO             |                     | PARTICULARS                             | AUTHORITY |
| 1915<br>May 10 | 1915<br>May 31 | ✓                   |                                         |           |
| June.          |                | ✓                   |                                         |           |
| July.          |                | ✓                   |                                         |           |
| Aug.           |                | ✓                   |                                         |           |
| Sept.          |                | ✓                   |                                         |           |
| Oct.           |                | ✓                   |                                         |           |
| Nov.           |                | ✓                   |                                         |           |
| Dec.           |                | ✓                   |                                         |           |

UNIT SAILED  
NOV 23 1915



(649-6-7858)

CARD NO.

SURNAME.

*Christopher*

CHRISTIAN NAMES

*Christopher*

REGL. NO. *438748*

RANK

*Pte*

UNIT *52nd*

*Batt.*

FORMER CORPS

*Nil*

NEXT OF KIN.

NAMES IN FULL

*Christopher, Mrs. E. J.*

RELATIONSHIP TO SOLDIER

*Mother*

ADDRESS

*Upwey, Dorset. Eng.*

CHANGE OF ADDRESS

COUNTRY OF BIRTH

*England. Dorset*

DATE

PLACE OF ATTESTATION

*Port Arthur, Ont.*

DATE

*May 10, 1915*

*Q/S 23-11-15 275/4*

MARRIED

SINGLE

*glo*

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

H. Q. FILE No. 649-

NAME Christopher Christopher

REGT'L. No. 4138748

RANK AND CORPS Pte. 5<sup>th</sup> 2nd Battalion

CABLE

No.

DATE

NATURE OF CASUALTY

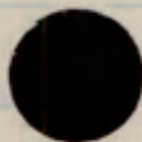
|        |          |                                   |
|--------|----------|-----------------------------------|
| Q2777  | 13-10-16 | Killed in action Sept. 16th 1916. |
| B2090a | 9-10-16  | Killed in action 16-9-16.         |

LIST No.

HOSPITAL

DATE OF  
ADMISSION

REMARKS



Reg. No. 438, 448  
R. 25-6-1921

Next of Kin Mr E. J. Christopher Upway Dorset

| Date         | Movement         | Place | Casualty | List No.   | Notified N/K O. | W.O. List            |
|--------------|------------------|-------|----------|------------|-----------------|----------------------|
| 1916<br>10-9 | Killed in Action |       |          | A/<br>1740 | 12/<br>10       | 0<br><del>2477</del> |

[illegible]

*Not Eligible for 14/15 Star.*  
*Not Eligible*  
*Christopher Pte. 5-2nd Bn. 649. 2-7858*

#438748, Pte. C. CHRISTOPHER

52 Bn.

3790

Name & Address of Legatee

Medals &  
Decorations

Mrs. Maud C. Christopher (m)  
Weylands, Upwey, M. Dorchester  
Dorset, England.

Name & Address of Next of Kin

P. & S.

Serial No. 792606  
E. J. Christopher (F)  
As above No. 229797

AUG 27 1921

P4370

Name & Address of Female Next of Kin

Memorial  
Cross 790

Mrs. Maud C. Christopher (m)  
As above P.T. 6

2  
7

*M* Dep MAY 3 1920. 66420.

Station or Troop

### Table IV.—Service Table.

[illegible]

DUPLICATE

ARMY FORM B. 178.

25-3-38.

25-3-5

TABLE I.—GENERAL TABLE.

(on 10th day of May 191 5

Declared Age ... .. 25 years            days.

Trade or occupation ... Loco Fireman

Height ... .. 5 feet 11½ inches.

Weight ... .. 139 lbs.

Chest (Girth when fully Expanded 36 $\frac{1}{2}$  inches.

Measurement } Range of Expansion 2  $\frac{1}{2}$  inches.

Physical Development ... Good

| Vaccination (Arm | ... | Right | Left |
|------------------|-----|-------|------|
|                  |     |       |      |

Marks } Number ... 9

When Vaccinated ... 1915

View {R.E.-V=

(L.E.—V=

(a) Marks indicating con-  
genital peculiarities or

|                        |  |
|------------------------|--|
| genital peccaminis ... |  |
| previous disease ...   |  |

(b) Slight defects but not sufficient to cause rejection

tion ... ..

Approved by (Signature) W.S. MCCULLOUGH

(Rank) Captain Medical Officer

\_\_\_\_\_

(at Port Arthur Ont. Canada

Enlisted ... } on 10th day of May 1915

|        |            |
|--------|------------|
| Corps. | Regtl. No. |
|        |            |

|           |             |
|-----------|-------------|
| 52nd O.B. | 4 3 8 7 4 8 |
|-----------|-------------|

|                       |  |  |
|-----------------------|--|--|
| Transferred to ... .. |  |  |
|-----------------------|--|--|

---

Became non-effective by \_\_\_\_\_

This Medical History Sheet has been compared with the Corresponding Attestation Paper, and entries made in on have been day of \_\_\_\_\_ 191

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

(Rank) \_\_\_\_\_

(5506.) W. 14971/M. 89. 750m. 1/16. C.P. Ltd. P.T.O.

Canadian Contingent

Form  
B. 178  
39

P.T.O.

MARRIED OR SINGLE *Single*  
PLACE OF BIRTH *Upway Dorset England*  
NAME AND ADDRESS OF NEXT OF KIN *Mrs. E. J. Christopher*  
*Upway Dorset England*  
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                |
| <i>Killed in Action</i>     | <i>16/9/16</i> | <i>C.L. 170 13/10/16</i> |
|                             |                |                          |
|                             |                |                          |
|                             |                |                          |
|                             |                |                          |
|                             |                |                          |
|                             |                |                          |
|                             |                |                          |

| ADMISSIONS TO HOSPITAL, &c. |                 |          |                  |
|-----------------------------|-----------------|----------|------------------|
| DATE ADMITTED               | DATE DISCHARGED | V. OR A. | NAME OF HOSPITAL |
|                             |                 |          |                  |
|                             |                 |          |                  |
|                             |                 |          |                  |
|                             |                 |          |                  |
|                             |                 |          |                  |
|                             |                 |          |                  |
|                             |                 |          |                  |

REG'L. No. *438748* RANK *Rt* NAME *Christopher, Christopher*  
IF IN PERMT. CORPS | UNIT *52nd Bu* TRANSFERRED TO *Rt. Bu* DATE *17/9/16* AUTHORITY *C.L. 170 13/10/16*  
WHAT UNIT  
PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY  
PLACE OF ATTESTATION *Port Arthur, Ontario* TRANSFERRED TO DATE AUTHORITY  
DATE OF ATTESTATION *May 10<sup>th</sup> 1915* TRANSFERRED TO DATE AUTHORITY  
ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE  
PAYABLE TO  
ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE  
PAYABLE TO  
STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON  
DISCHARGE DATE AND PLACE *Field 17/9/16* REASON AND AUTHORITY *Killed in Action 16/9/16 C.L. 170 13/10/16*  
ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)  
ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)



Entered on N.E. Card Index 22/11/16

Checked by *T. J. Williams*  
RELATIONSHIP

| 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 |   |   |        |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|        | 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 | NO. | DATE | NO.           | DATE | NO. | DATE |              |               |              |         |   |                          |                         |         |   |   |        |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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