

11 M. D. 1st Depot Battalion Bl Regiment
Regtl. No. 2021317

ORIGINAL

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class 1.)

1. Surname Gottschick

2. Christian name Alex

3. Present address Trail Bl

4. Military Service Act letter and number 138194 KR

5. Date of birth 30th July 1887

6. Place of birth Stockholm, Sweden
(town, township or county and country)

7. Married, widower or single single

8. Religion Lutheran

9. Trade or calling farmer

10. Name of next-of-kin Emily Gottschick

11. Relationship of next-of-kin mother

12. Address of next-of-kin Enkoping P.O., Sweden SUFFICIENT ADDRESS

13. Whether at present a member of the Active Militia no

14. Particulars of previous military or naval service, if any none

15. Medical Examination under Military Service Act:—
(a) Place Trail Bl (b) Date 3rd November 1917 (c) Category A

DECLARATION OF RECRUIT

I, Alex Gottschick, do solemnly declare that the above particulars refer to me, and are true.

Alex Gottschick (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age	<u>30</u>	yrs.	<u>4</u>	mths.	Distinctive marks, and marks indicating congenital peculiarities or previous disease.	
Height	<u>5</u>	ft	<u>10</u>	ins.		
Chest measurement	} fully expanded		<u>39</u>	ins.		
		range of expansion	<u>4</u>	ins.		
Complexion	<u>Fair</u>					} <u>Scar right knee</u>
Eyes	<u>Blue</u>					
Hair	<u>Fair</u>					

MISS

H. J. Montanari Lt. Col.
O. C. 1st Depot Btl. Bl Regt.

Place Vancouver B.C. Date January 4th, 1918

PARTICULARS OF RECRUIT DRAFTED UNDER MILITARY SERVICE ACT, 1917

Class

M. CANXOD

1. Name of recruit

2. Date of birth

3. Place of birth

4. Military service Act number

5. Present address

6. Previous address

7. Special allowance or other

8. Name of next of kin

9. Occupation of next of kin

10. Name of next of kin

11. Relationship of next of kin

12. Whether or not a member of the Armed Forces

13. Particulars of previous military or naval service, if any

14. Method of examination and classification

15. Date of classification

SUBJECT'S ADDRESS

DECLARATION OF RECRUIT

I, the undersigned, do hereby declare that the above particulars are true and correct.

Signature of Recruit

DESCRIPTION ON CALLING UP

Height	Weight	Complexion	Build
...
...
...
...

Place of Issue

Date

MADE

District

Regt.

REGIMENTAL DOCUMENTS

~~Gottson~~ **Gottschick**
 NAME Gottschick Alex

REGT. NO. 202/317 UNIT 1st US Dr B Co Regt H. Q. FILE NO. _____

S

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
ATTESTATION PAPER (M.F.W. 23, 133, or 51)		M		H 19545	DEATH
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)			Category		
TRAINING HISTORY SHEET (M.F.W. 113)					
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)					Category
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
MEDICAL EXAMINATION (M.F.W. 129)					
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
LAST PAY CERTIFICATE (M.F.W. 44)					
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)		H			8-24
<i>gascard</i>			68-264		
<i>B/33</i>			1		



MEDICAL HISTORY SHEET. Original

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar

- 1. Surname Gottschick Christian name Alex
- 2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 138194 KR
- 3. Consecutive number on schedule of men reporting for service (if he appears on it) _____
- 4. Address (including street and number, if any) Trail B.C.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 3rd day of Nov 1917, by the undersigned medical board sitting at Trail B.C.

- 5. Age as stated 30 Years 4 Months. 6. Apparent age 30 Years 4 Months
- 7. Height 5 Feet 10 Inches. 8. Weight 147 Pounds.
- 9. Chest measurement { Minimum 35 Ins. Maximum 39 Ins. 10. Complexion fair { Eyes Blue Hair Fair
- 11. Physical development good { Good Fair Poor 12. Smallpox marks 0
- 13. Number of vaccination marks { Right arm 0 Left arm 0 14. When vaccinated last 1903
- 15. Distinctive marks and marks indicating congenital peculiarities or previous disease scar at knee

- 16. Slight defects but not sufficient to cause rejection callous on feet.
- The man denies having had { Rheumatism Tuberculosis Syphilis We find no evidence of past { Rheumatism Tuberculosis Syphilis (Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A.2.

Vision 6/12.
hearing good.

A. Gibson Capt Chair Member. J. B. Casselman President. John Shaw Lt Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>9/11/18</u>		<u>M. S. Graham</u>	<u>2/2/18</u>		<u>M. S. Graham</u> M.O.
			<u>11/2/18</u>		<u>M. S. Graham</u> M.O.
			<u>18/2/18</u>		<u>M. S. Graham</u> M.O.

Joined 24 day of Jan 1918 at Canmore

Joined on enlistment	CORPS	REG'TL NUMBER	HABITS	DATE
	<u>72 Bn</u>	<u>2021317</u>		

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
<u>Susford</u>	<u>16-3-18</u>	<u>B. C.</u>	<u>A. 2</u>
	<u>FEB 16 1918</u>		

N. B.—This sheet is 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.

Signature of Man Alex Gottschick

REGISTRY C.M.F. OF C.	
GREEN ARBOUR HOUSE,	
15, BARKY, LONDON, E.C. 4.	
FILED TO	<i>1243</i>
20 SEP 1918	
FILE CHARGED	L/R
SINCE	
ACTED ON	

FORM OF WILL.

Name in full. I Alexander Gottschick

Regimental Number 2021317 serving in

of the Canadian Expeditionary Force do hereby revoke all former Wills made by me and declare this to be my last Will.

Name & Address of person or persons to whom it is to go. I DEVISE and BEQUEATH all my real estate unto

absolutely, and my personal estate I bequeath to my wife mother,

Name & Address of persons or person to receive personal estate (see Note 1.) Mrs. Amelia Gottschick

Enkoping P.O

Sweden.

Fill in Date and Year. IN WITNESS WHEREOF I have hereunto set my hand this 31st day of May A.D. 1918.

Alex Gottschick

(Signature)

Signed by the said Testator as his last Will and Testament, the same having been read over and explained to him, in the presence of us both present at the same time who at his request and in his presence and in the presence of each other have subscribed our names as witnesses.

Name of Witness S J Fisher

Address of Witness 1st. Can. Reserve Seaford

Occupation of Witness Officer

Name of Witness G. Gray

Address of Witness 1st Can. Reserve Seaford

Occupation of Witness Officer

N.B.—Personal Estate includes pay, effects, money in Bank, insurance policy, LONDON.

in fact everything except real Estate.

REGISTERED.
WILLS-SECTION
18 SEP 1918
ESTATES, C.M.F.C., LONDON.

REGISTERED.
77 SEP 1918
ESTATES, C.M.F.C., LONDON.

D. OF W. 10-8-18. CL-366/B.
TRANSFERRED. 30-8-18.
(BAG.) 28023.

W. Baden
for Lt.-Col. J. H. Heston.

FORM OF WILL.

Fill in only.—Unit, Number, Rank and Name.

M. F. W. 54. (A. F. D. 103.)

350M.—5-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps. ^{L 40th.} 1st Depot Battalion, B. C. Regt, C.E.F.
VANCOUVER, B. C.

Regimental No. 2021317 Rank Pte Name Pottschiek Alex

Enlisted (a) 24/1/18 Terms of Service (a) 2 1/2 yrs Service reckons from (a) 24/1/18

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) Civil Farmer - military

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
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CERTIFIED CORRECT
 18 JUL 1918
 RECORDS LONDON.
 14 MAR 1918
 JUL 12 1918

	EMBARKED	Halifax	27 FEB 1918	
	DISEMBARCKED	Glasgow	11 MAR 1918	
	EMBARKED FOR FRANCE			
	<u>S.O.S.</u> 1st Depot Battalion, B. C. Regt, C.E.F. VANCOUVER, B. C.			
	TAKEN ON STRENGTH OF 1st CAN. RES. BATTN.	Seaport	11 MAR 1918	M 200.62
	PROCEEDED ON DRAFT TO.....T. BATT		JUL 11 1918	Pt II 167 JAD
				G Davis. Lt. for Captain, Adjutant, 1st Canadian Reserve Battalion.

13-7-18	C.I.B.D.	Arrived in France and T.O.S. 72nd Battn.	13-7-18	N.R. 705 & Pt. 2 O. 90 d/- 20-7-18.
do.	do.	Left for C.C.R.C.	Field	
24. 7. 18	C.C.R.C.	Arrived do.	do	N.R. 11324.
28. 7. 18	do.	To unit.	do	N.R. 1136
			do	N.R. 1249

(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, Shoehing Smith, etc., etc., also special qualifications in technical Corps duties.

2021317 Gottschick, J

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				
10. 8.18	1 Cfn.	<p>g 15 head & arm - admin to cld joined</p>	<p>Ad.</p>	10. 8.18	A. 704 L.
3. 8.18	72 Bu			29. 7.18	B 213
14-8-18	48 C.C.S	DIED OF WOUNDS received in Action		10-8-18	Cas. Report B/85/18 d/ 14-8-18; D.O. 105 d/ 21-8-18; 18-16794
			<p><i>J. M. ...</i></p> <p>Lieut. for Lt. Col., A.A.G., Canadian Section.</p>		

LTR Rank Name GOTTSCHICK, Alex Reg'l No. 2021317
 Unit If in perm. Corps }
 What Unit? } Married or Single Single.

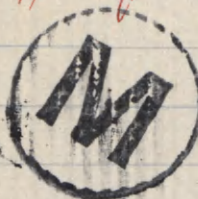
Place and Date of Enlistment Van couver, Jan, 14th, 1918. Place of Birth Stockholm. ✓
 Sweden ✓

Name and Address, Next-of-Kin Emily Gottschick
 Enkopimj P.O. Sweden Relationship Mother.

Assigned Pay Monthly \$ Payable to Relationship

Separation Allowance \$ Payable to Relationship

U.S. No. 10399
 File R.L. 25-92896
 Category J.C.W.
 3/9/18

mx.
4/11/2009.


Discharge, Date and Place Reason Character

H. W. V., Ld.—9546-16.

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.				
<i>6/</i>	Arrived in England		11-3-18	S/S METAGAMA	
14-3-18	1st Res J.C. Son arrival in England		Seaford	11-3-18	Pl # G. 62.
12-7-18	1st " S.C. Sto 72nd Bn 6/Seas		Seaford	11-7-18	" " 167 + 90d 20-7-18 72nd Bn
19-8-18	72 Bn Died of Wounds		Field	10-8-18	62 A295
21-8-18	" Died of Wounds. S.O.S.		"	10-8-18	Pl # D.O. 105

M.S.A.
SURNAME. *Gottschick*

CARD NO.

10
5
18

CHRISTIAN NAMES

Alex.

FOLL. A

REGL. No.

2021317

RANK

Pte

UNIT

B Co Regt, 1st Depo Bn

FORMER CORPS

Inf.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Gottschick, Mrs Emily

RELATIONSHIP TO SOLDIER

Mother

ADDRESS

Enkoping P. O., Sweden.

COUNTRY OF BIRTH

Sweden, Stockholm.

DATE

July 30th 1887

PLACE OF ATTESTATION

Vancouver, B. C.

DATE

Jan 24th 1918

O/S 28/2/18 1158
2

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

NAME

Gottschick alex

REG'TL No.

202 1317

H. Q. FILE No. 649.

RANK AND CORPS

Pte. 72nd Bn

FOLLOWS

No.

CABLE

NO.

DATE

*50-5**20-8-18*

NATURE OF CASUALTY

*S.**D. of W. 48 lbs. Aug 10 1918
Head abdomen. GSW*

FOLLOWS

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

1295

49. b. b. S. D. of W.

10-8-18

See head. Abdomen

649-G-14854

GOTTSCHICK, Pte. Alexander #2021317 e. E. F. *22 BN.*

Med & D (Mother) Mrs. Amelia Gottschick,
Enkoping P.O.
Sweden

31.1.21 Regn. No. *2-15386*

OCT 29 1921 No. *114259*

P & S (Mother) See above

Serial No 773838

Mem Cross (Mother) See above

not elig. for star.

Elig. for V.M.

" " B.W.M.

20862

Desp. 10. 11. 20. (M) S 80037

mf.

M

489

Mex.

25. G. - 2896
~~2896~~

Name GOTTSCHICK Rank Pte.

Reg. No. 2021317.

Unit 72nd Bn.

Next of Kin

Mrs. C. Gottschick

Guttoping - P.O. Sweden.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
10.8.18	Died of Wounds No 48-605.	SW. Head & Abdomen		1995	A 262 1918	V. 1337 1918

P

med
Ham
Number

2021317

Rank

Plt *13*

Surname

GOTTSCHICK

Christian Name

Alex

Units

72nd Am Can Coy

Theatre of War

France

Date of Service

11-7-18

D

Remarks

Mother

Latest Address

*Mrs. Amelia Gottschick
Erikoping S. O.
Sweden.*

Roll No.

200m. - 2-21.m.

Blage 13367.

Next of kin _____

Address on leave _____

Address on discharge _____

Transportation issued Yes No Date _____ Character on discharge _____

Previous occupation _____ Date and place of enlistment _____

Diagnosis _____ Date of Medical Boards _____

Date _____ Remarks _____

DESP MAY 26 1922
REGN NO. 25076

*—Name will be given in full; surname first.

SURNAME CHRISTIAN NAME OR NAMES REG. NO.
GOTTSCHICK A. 2021317

RANK UNIT Co. TROOP BATTY.
Pte. BC 72
HOSPITAL DATE OF ADMISSION

48 CCS

10-8-18.

1.

HOSP.

2.

HOSP.

3.

HOSP.

4.

HOSP.

DIAGNOSIS

GSW Head And Abdomen

1.

2.

3.

DIED OF WOUNDS

10-8-18. *d.*

DISPOSITION

DATE

C.L. 19-8-18 A295-2

REMARKS

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

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.

2.

3.

4.

5.

6.

7.

* Strike out whichever inapplicable.

ASSIGNED PAY. <i>Nil</i>	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.
EFFECTIVE DATE: -		EFFECTIVE DATE: -
AMOUNT: -		AMOUNT: -
NAME, ADDRESS, RELATIONSHIP & AUTHORITY <i>W/P</i>		WHEN PAYEE OF A.P. IS THE SAME WORD "SAME" ONLY TO BE WRITTEN

A.I.P.B. verified 10-10-18 J. LaPorte

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS UPON CLEARANCE OF VOUCHERS, BY INSERTION OF DATE CHARGED

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY
		<i>Statement of a/c rendered 20/10/18</i>				
		<i>L.P.C. C. Bol</i>	<i>132.50</i>	<i>Lidger sheet C. 15</i>		

PARTICULARS OF RENDERING NON-EFFECTIVE: - *Died of Wounds*

MONTH 1918	PARTICULARS	CR. 1	CR. 2
<i>March</i>	<i>Bal. Forward</i>		
<i>April</i>	<i>P. Pay</i>	<i>33 -</i>	<i>4/2 162</i>
			<i>240 -</i>
			<i>4/2 494</i>
		<i>33</i>	<i>4/20 547</i>
<i>May</i>	<i>P. Pay</i>	<i>34 10</i>	<i>1090</i>
		<i>34 10</i>	
<i>June</i>	<i>P.P.</i>	<i>33 -</i>	<i>4/19 130</i>
			<i>136</i>
		<i>33</i>	
<i>July</i>	<i>✓ ✓</i>	<i>34 10</i>	<i>✓ 202</i>
		<i>34 10</i>	
<i>Augt.</i>	<i>He. Pay</i>	<i>34 10</i>	
		<i>34 10</i>	
<i>Nov</i>	<i>Interest on Def Pay to 31/12/18</i>	<i>2 81</i>	
		<i>2 81</i>	
<i>Feb</i>			<i>Regul...</i>

ENGLAND or CANADA. SEPARATION ALLOWANCE. ENGLAND or CANADA. EFFECTIVE DATE: AMOUNT: WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

NAME: *GOTTSCHEK Alex*
 NUMBER: *2071317*

RELATIONSHIP & AUTHORITY: *Wife*

PARTICULARS OF RANK OR APPOINTMENT
 AUTHORITY: *Lpccaw*
 DATE EFFECTIVE:
 RANK OR APPOINTMENT: *Plt*

UNIT AND TRANSFERS
 ORIGINAL UNIT: *64th Recpt*
 DATE ACCOUNT FIRST OPENED: *21/2/18*

AUTHORITY: *Lpccaw*
 DATE EFFECTIVE: *1/8/18*
 DATE LEDGER SHEET T'S'D: *1-9-18*
 UNIT TRANSFERRED TO: *1st Res. 74 Bn. N.E.F.*

STATE SERVICE PAY-BOOKS UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A R	UNIT PAID BY	AMOUNT
<i>C. Bal</i>	<i>132.50</i>	<i>Ledger shut</i>	<i>C. Bal</i>	<i>Bmsmt</i>	<i>132.50</i>

DAILY RATES OF PAY AND ALLOWANCES
 AUTHORITY: *Lpccaw*
 PAY: *100 = 10*

ORDERING NON-EFFECTIVE: *Aced of Wounds 10/8/18 bha 295 19/8/18*

PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
<i>ward</i>								<i>5503.20</i>		
	<i>33-</i>		<i>42162 17/10 11/4</i>	<i>973</i>					<i>30</i>	
			<i>240 20/11 27/3</i>	<i>117</i>						
			<i>42494 17/10 28/4</i>	<i>4380</i>				<i>3033</i>	<i>35-</i>	
	<i>33</i>		<i>420547 1 Res Bn 13/6/18</i>	<i>5470</i>						
	<i>3410</i>		<i>1093 - 29/5</i>	<i>487</i>				<i>5283</i>	<i>50-</i>	
	<i>3410</i>			<i>973</i>						
	<i>33-</i>		<i>419 1301 ✓ 6/6/18</i>	<i>1460</i>						
			<i>✓ 1361 ✓ 12/4/18</i>	<i>487</i>				<i>6636</i>	<i>65-</i>	
	<i>33</i>			<i>1947</i>						
	<i>3410</i>		<i>✓ 2025 ✓ 9.7.18</i>	<i>487</i>				<i>9559</i>	<i>80-</i>	
	<i>3410</i>			<i>487</i>						
	<i>3410</i>							<i>12969</i>		
	<i>3410</i>									
<i>Def Pay to 31/12/18</i>	<i>281</i>							<i>13250</i>		
	<i>281</i>									
			<i>Cheque held in settlement of 4/2</i>	<i>13250</i>				<i>0</i>		
				<i>13250</i>						

NON EFFECTIVE ACTS

NUMBER

RANK

NAME

MONTH

PARTICULARS

PARTICULARS

DR. 1

DR. 2

DR. 3

DR. 4

BALANCE

*

APPOINTMENTS,
PROMOTIONS AND REVERSIONS.

MARRIED OR SINGLE *Single*

PLACE OF BIRTH

NAME OF NEXT OF KIN *Mrs Emily Gottschick* RELATIONSHIP *mother*

ADDRESS *Enkoping, P.O. Sweden*

NAME OF NEXT OF KIN

RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

DATE ADMITTED	ADMISSIONS DATE DISCH'D	V. OR A.	TO HOSPITAL, &C. NAME OF HOSPITAL.

SEPARATION ALLOWANCE.

SEPARATION ALLOWANCE MONTHLY \$

EFFECTIVE (DATE)

STOPPED EFFECTIVE (DATE)

PAYABLE TO

REASON

RELATIONSHIP

AUTHORITY

AUTHORITY FOR ISSUE

REMARKS

SEPARATION ALLOWANCE MONTHLY \$

EFFECTIVE DATE

STOPPED EFFECTIVE (DATE)

PAYABLE TO

REASON

RELATIONSHIP

AUTHORITY

AUTHORITY FOR ISSUE

REMARKS

NEW PAYBOOK ISSUED

NEW PAYBOOK ISSUED

PERIOD		PAY AND FIELD ALLOWANCE			WORKING PAY			SEPARATION ALLOWANCE	ASSIGNED PAY CREDITS	ANY OTHER CREDITS	TOTAL CREDITS	SEPARATION ALLOWANCE	CASH PAYMENTS DURING THE MONTH			DEFERRED PAY	SE ALL EN		
FROM	TO	NO. OF DAYS	RATE	\$	C.	NO. OF DAYS	RATE	\$	C.	\$	C.	\$	C.	1	2	3	BALANCE		
MONTH		PARTICULARS	CR.1	CR.2	PARTICULARS			DR.1	DR.2	DR.3	DR.4	BALANCE							

20/2/18 Balance from Canada 14⁰⁰

March 21/2/18 31/3 Pay 4290

4290 487 487

22550 175 253

5503 20

NTS.
REVERSIONS.

EFFECTIVE DATE	AUTHORITY

REG'L. No. *2021317* RANK *Plk.* NAME *GOTTSCHEK, Alex.*
 PLACE OF ATTESTATION *Called up Vancouver BC*

DATE OF ATTESTATION *Called up 24/1/18* ORIGINAL UNIT *1st Depn Bn*
1st Res Bn

ASSIGNED PAY

PRESENT UNIT.....
PARTICULARS OF TRANSFERS

(1)		(1)		TO UNIT	EFFECTIVE DATE	AUTHORITY
PER MONTH \$	DATE EFFECTIVE	AUTHY.	STOPPED EFFECTIVE			
PAYABLE TO			CAUSE			
RELATIONSHIP			DATE A3M FORMS REND.			
(2)		(2)				
PER MONTH \$	DATE EFFECTIVE	AUTHY.	STOPPED EFFECTIVE			
PAYABLE TO			CAUSE			
RELATIONSHIP			DATE A3M FORMS REND.			
(3)		(3)				
PER MONTH \$	DATE EFFECTIVE	AUTHY.	STOPPED EFFECTIVE			
PAYABLE TO			CAUSE			
RELATIONSHIP			DATE A3M FORMS REND.			
(4)		(4)				
PER MONTH \$	DATE EFFECTIVE	AUTHY.	STOPPED EFFECTIVE			
PAYABLE TO			CAUSE			
RELATIONSHIP			DATE A3M FORMS REND.			
DISCHARGE DATE AND PLACE				ACCOUNT TRANSFERRED TO N.E. BRANCH (DATE)		
REASON AND AUTHORITY				ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)		

CASH PAYMENTS DURING THE MONTH				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CARRIED FORWARD		NUMBER OF ACQUITTANCE ROLLS		NUMBER OF S.A. AND A.P. CHEQUE	REMARKS. ALL CASUALTIES, PROMOTIONS, &c., TO BE NOTED, ALSO PARTICULARS OF "OTHER CREDITS" OR "OTHER CHARGES"
2	3	4					CREDIT	DEBIT	1	2		
\$ c.	\$ c.	\$ c.	\$ c.	\$ c.	\$ c.	\$ c.	\$ c.	\$ c.				
<i>14⁰⁰</i>												
<i>5503</i>	<i>20</i>											

DEFER- SEP.
-RED. ALLGE.
PAY ENG.

