

Unit C.A.M.C. Rank Nur. Sis. Name Garbutt, Sarah Ellen

DUPLICATE

# OFFICERS' DECLARATION PAPER

## CANADIAN OVER-SEAS EXPEDITIONARY FORCE

### QUESTIONS TO BE ANSWERED BY OFFICER

[ANSWERS]

1. (a) What is your Surname? Garbutt,
- (b) What are your Christian Names? Sarah Ellen
2. (a) Where were you born? (State place and country) Pickering, Yorkshire, Eng.
- (b) What is your present address? Simcoe St., Oshawa, Ont. Canada.
3. What is the date of your birth? May 14th, 1875.
4. What is (a) the name of your next-of-kin? Rev. John Garbutt,
- (b) the address of your next-of-kin? Simcoe St., Oshawa, Ont. Canada
- (c) the relationship of your next-of-kin? Brother.
5. What is your profession or occupation? Prof. Nurse.
6. What is your religion? Methodist.
7. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes.
8. To what Unit of the Active Militia do you belong? Nil.
9. State particulars of any former Military Service Nil.
10. Are you willing to serve in the  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? Yes.

The undersigned hereby declares that the above answers made by him to the above questions are true.

S. E. Garbutt Nur. Sis. (Signature of Officer.)

Taken on strength (place) Kingston, Ont.

(date) Apr. 3rd 1917.

Radner Lieut-Col, A.M.C.  
(Signature of Commanding Officer.)

### CERTIFICATE OF MEDICAL EXAMINATION

I have examined the above-named Officer in accordance with the Regulations for Army Medical Services.

I consider ~~him~~ her fit for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date April, 3rd 1917. 191.....

Place Kingston, Ont.

\*Insert here "fit" or "unfit"

Radner Lieut-colonel, A.M.C.  
Medical Officer.



STATE OF CALIFORNIA  
COUNTY OF ...  
101

BEFORE ME, the undersigned authority, on this ... day of ... 19...

known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he executed the same for the purposes and consideration therein expressed.

**DECLARATION OF PREPARED INSTRUMENT**

I, the undersigned, a Notary Public in and for the State of California, do hereby certify that the foregoing instrument is a true and correct copy of the original instrument as the same appears from the records of my office.

Given under my hand and seal of office, at the City of ... State of California, this ... day of ... 19...

Notary Public in and for the State of California

My commission expires on the ... day of ... 19...

**STATE OF CALIFORNIA**

1. I, the undersigned, do hereby certify that the foregoing instrument is a true and correct copy of the original instrument as the same appears from the records of my office.

**NOTARIAL**

2. I, the undersigned, do hereby certify that the foregoing instrument is a true and correct copy of the original instrument as the same appears from the records of my office.

3. I, the undersigned, do hereby certify that the foregoing instrument is a true and correct copy of the original instrument as the same appears from the records of my office.

4. I, the undersigned, do hereby certify that the foregoing instrument is a true and correct copy of the original instrument as the same appears from the records of my office.

**QUESTIONS TO BE ANSWERED BY OFFICER**

STATE OF CALIFORNIA

**OFFICER'S DESCRIPTION BY NAME**

NOTARIAL



*9m  
10-12-18.*

*Officers*  
**DISCHARGE DOCUMENTS**

R. O. No.....

H. Q. No.....

- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers..... *33*
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet.....
- Compulsory Stoppages.....
- Casualty Forms..... *1*
- 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..... *1*
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet.....
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate.....

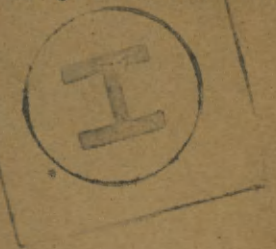
Name *GARBUTT SARAH ELLEN*

Regt. No. — Rank *W/S.*

Corps *C. A. M. C.*

*Died 20-8-17.*

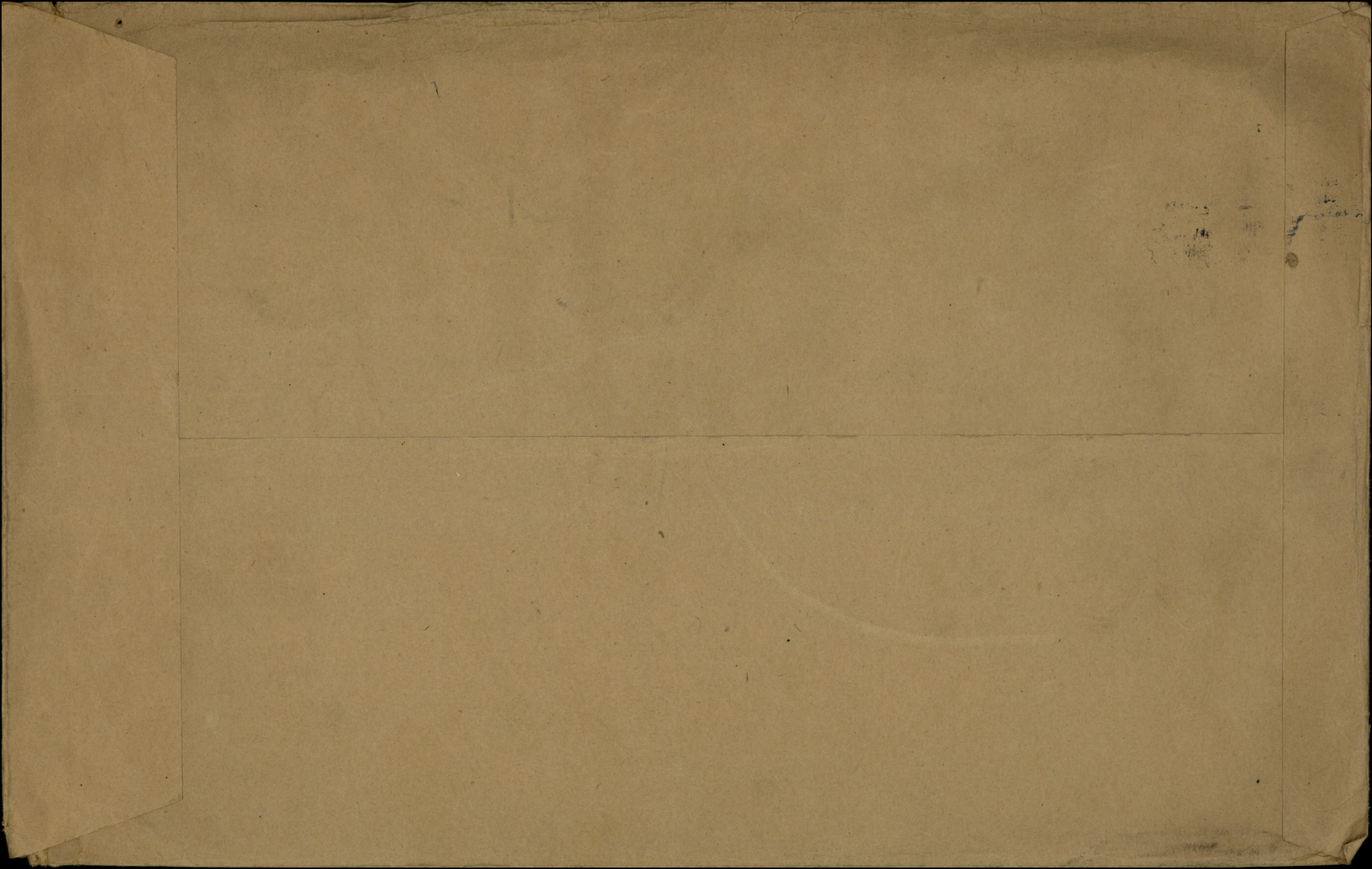
03396



*9m  
22-12-18  
AC*  
*cascard  
9m 20082-2  
18-11-19  
2 pay card*

*1  
2-13  
2-13*







Name **GARBUTT.** Rank **N/Str.**

*File*  
Reg. No. **R.L. 11-4-42**

Unit **Sarah. Ellen.**  
**CAMC. O.M. Hosp.**

Next of Kin **Canada.**

*A.F.B. 2090.*

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
27-6-17	Q.A.I.M.N.S. HOSP.	71. Vincent. Sq.	Sciatica.	734.		
20-8-17	Died	Obs Cancer Abdomen	Malignant Disease of Abdomen	757	M. 5925	<del>278</del>



No.

RANK

U.S.

NAME

Garbutt S. E.

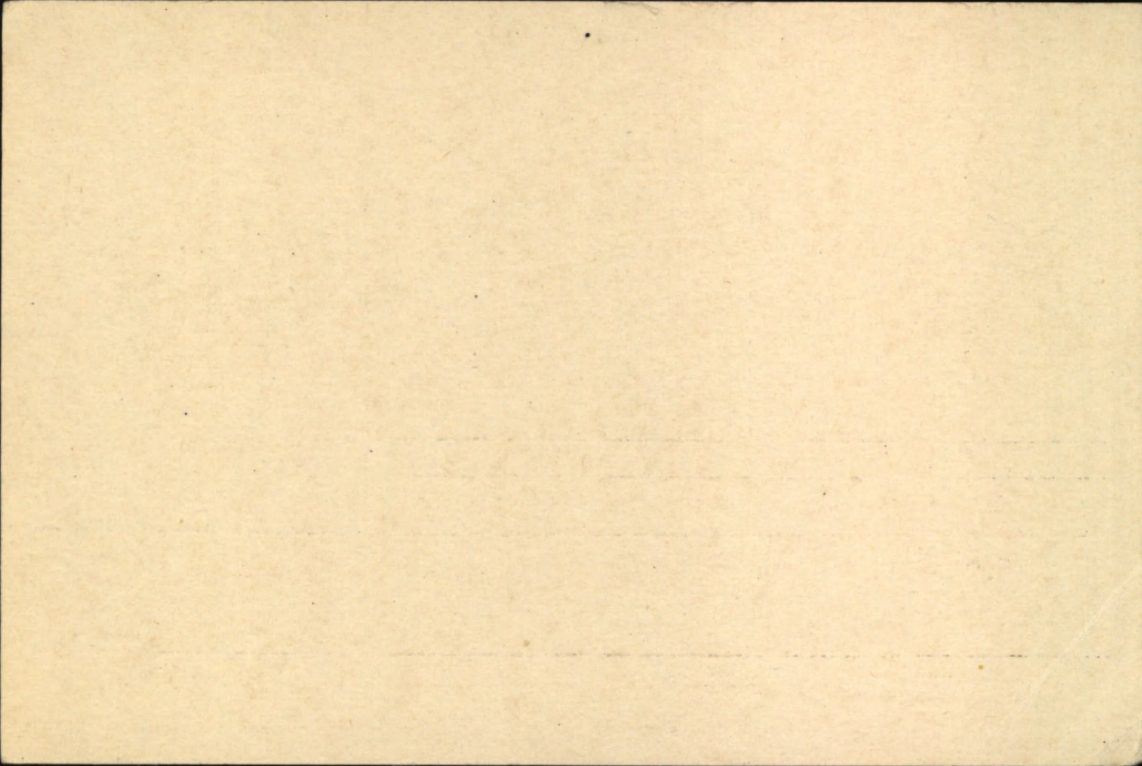
T. O. S.

UNIT

Can. Army Med. Corps.  
(Kingston)

M. D. 3.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917 Apr 3 May 1	1917 Apr 30 May 26	✓ ✓		





NAME

Garbutt, Sarah Ellen

REGT'L No. \_\_\_\_\_

RANK AND CORPS

N/lt.

C. A. M. C. (C. M. H. H. H.)

H. Q. FILE No. 649.

CABLE

NO.

DATE

NATURE OF CASUALTY

FOLLOWS  
No.

FOLLOWS

M5925

21-8-17

C.

The death is reported at Queen  
Alexandria Imperial Military  
Nursing Service Hosp. London  
Aug. 20/17 malignant disease  
abdomen ✓

Q. I. B. 2090,  
Londm E. C. 4-24-8-17

Died at Queen Alexandra's Imperial  
Mil. Nursing Service Hosp Aug. 20/17,  
Malignant disease abdomen.

(Rec'd 18-9-17)



LIST No.

HOSPITAL

DATE OF  
ADMISSION

REMARKS

734<sup>(2)</sup> Q.A. I.M. M.S., 71 Vincent 27-6-17  
Square S.W.

~~Sciatica~~  
Mrs. Canen abdomen  
for (H.L. 75-1-3)  
Died, Malignant  
Disease of Abdomen

0757-1 " " " 20-8-17.



SURNAME.

*Gardutt*

*(392-7-149)*

CARD NO.

*D*

CHRISTIAN NAMES

*Sarah Ellen*

FOLL.

REGL. NO.

RANK *Nursing Sister*

UNIT

*C.A.M.C.*

FORMER CORPS

*Nil.*

NEXT OF KIN.

NAMES IN FULL

*Gardutt. Rev. John*

CHANGE OF ADDRESS

RELATIONSHIP TO SOLDIER

*Brother*

ADDRESS

*Simcoe St., Oshawa, Ont.*

COUNTRY OF BIRTH

*England Pickering, Yorks.*

DATE

*May 14<sup>th</sup> 1875-*

PLACE OF ATTESTATION

*Kingston, Ont.*

DATE

*Apr. 3<sup>rd</sup> 1914*

*U. O/S. 29-5-17 T-229*



MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

Professional Nurse

RELIGION

Methodist

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION.

PLACE

Kingston, Ont.

DATE

Apr. 3<sup>rd</sup> 1914

Present Address

Simcoe St., Ashawa, Ont.

GARBUTT, Sarah Ellen,

N/S

C.A.M.C.

M

MEDALS & DECORATIONS

Miss Esther Garbutt (Sister)  
c/o Rev. John Garbutt,  
52 Simcoe St. South, Oshawa, Ont.

PLAQUE & SCROLL

Rev. John Garbutt (Brother)  
52 Simcoe St. South, Oshawa, Ont.

MEMORIAL CROSS

No one entitled.

*(Ser. # 808953.)*

*not Elig. for 14-15 Star  
not & .. .. N M  
& .. .. B W M*

405.00  
MAY 10 1921  
Scroll Desp. No. 242402  
SEP 17 1921  
Plaque Desp. Recd No. 9535  
ac

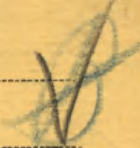




Number.....

Rank

*N/S*



Surname

*GARBUTT*

Christian Name

*SARAH ELLEN*

Units.....

Theatre of War

*ENGLAND*

Date of Service

*29-5-17.*

Remarks

*(Sister) Miss Esther Garbutt,*

Latest Address

*90 Rev. John Garbutt,  
52 Simcoe St., South*

Roll No.

*A Page 5013*

*Oshawa, Ont.*



# GRATUITY (IMPERIAL)

CHRISTIAN NAME

SURNAME

REG. No.

SCHEDULE No.

LINE No.

UNIT RETIRED OR DISCHARGED FROM

PLACE OF RETIREMENT OR DISCHARGE

DATE RECEIVED FROM OTTAWA

IMPERIAL DEPOT No.

DATE RECEIVED FROM REG. DEPOT.

DATE FORWARDED TO OTTAWA

DESP. MAR 29 1928  
REG. NO. 42049

Surname. Christian Name.  
 GARBUTT S. E.  
 Rank. Unit.  
 N/Str. CAMC OMHos.Orp.

Date of admission.  
 Q.A.I.M.N.S.Hospital London 27-6-17.  
 Hospital.

Transferred ..... Hosp.  
 ..... Hosp.  
 ..... Hosp.  
 ..... Hosp.

Diagnosis. Sciatica.  
 Changed Diagnosis, Obs.Cancer Abdomen  
 Now reported DIED.Malignant Disease of "Q"  
 Later diagnosis. Abdomen. 20-8-17. *B.*

*not cut*

Disposition. Date.

25-7-17 734-2.  
 14-8-17 751-3.note.

C.L. 20-8-17 757. Remarks.  
 C.L. ....  
 C.L. ....  
 C.L. ....  
 C.L. ....  
 C.L. ....  
 C.L. ....  
 C.L. ....

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



Surname

Christian Name

Reg. No.

Rank

Unit

MEDICAL BOARD held at

Date

Serial No.

(1)

Other Medical Boards at

Date

Serial No.

(2)

(3)

(4)

(5)

Condition found by Board

Disposition Recommended

(1)

(2)

(3)

(4)

(5)

PENSIONS & CLAIMS BOARD held at

Date.....

Disposition

Remarks



ASSIGNED PAY.

MILITIA AND DEFENCE

M. F. W. 11.

50m.—6-16.

H. Q. 177-39-818.

## SEPARATION ALLOWANCE

Name *Miss Esther Garbutt*Name of Soldier *Garbutt J E*Address *Lindsay Ont-*

Regtl. No.

Rank *N.S.*Corps *A.M.C.*

Relation to Soldier

wife, child or mother } *30<sup>00</sup>*

To what Corps belonging }

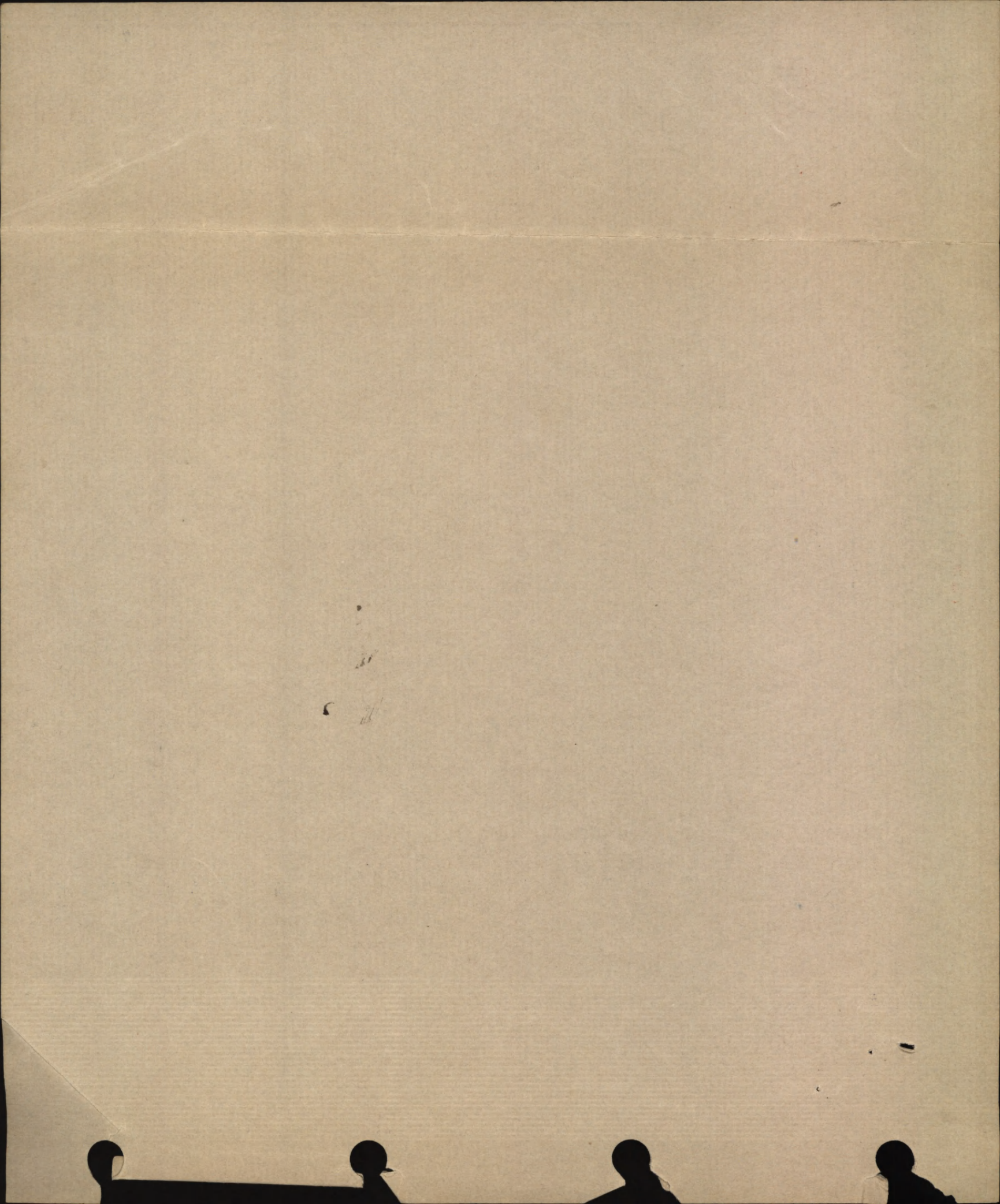
when called out }

*Sept 1<sup>st</sup> - 17**JUN - 1917*

## PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<div style="border: 1px solid black; padding: 5px;"> Pensions Notified Date <i>24-8-17</i>  <del>Killed in Action</del>  Died of Wounds } Date <i>26-8-17</i>  <del>Missing</del>  C. L. <i>(6) 22-8-17</i> Clerk <i>Hawdon</i>  Date Noted <i>24-8-17</i> ..... <i>101</i> </div>
Sept.				
Oct.				
Nov.				
Dec.				<i>Stop payment Sept 1<sup>st</sup> - 17</i> <i>Died</i> <i>3m / 27/9-17 Est. 6/10-17</i>
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				







MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

M. F. W. 12a.  
 18m.-4-17.  
 1772-39-819.

Sheet No. 2 *Miss Esther Garbutt*  
 (Assignee)

Name of Soldier *Garbutt S. E.*

**PAYMENTS.**

*A.M.C.*

*N.S.*

L. L. Job 19227-M. & D. 7814.

Month.	Year.	Cheque No.	Amt.	Remarks
				<i>30<sup>00</sup> = Sept: 17</i>
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June		<i>221546</i>	<i>30</i>	
July		<i>027045</i>	<i>30</i>	
Aug.		<i>1334022</i>	<i>30</i>	
Sept.			<i>30</i>	
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

*Est*

*C \$90.00 = 31-8-17 CFX transfer 24-8-17  
 6 acct closed 31-8-17 trans 24-8-17  
 6*



MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier \_\_\_\_\_

**PAYMENTS.**

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				



CERTIFIED CORRECT  
22 NOV 1918  
INDIVIDUAL RECORD OFFICE

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

M/S Dred.  
M. F. W. 54. (A. F. B. 103.)  
350M.—5-16  
H. Q. 1772-39-920.

# Casualty Form—Active Service.

M.A. 22-12-20  
ac

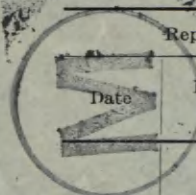
Unit, Regiment or Corps C.A.M.C., C.E.F.

Regimental No. \_\_\_\_\_ Rank Nur. Sis. Name Garbutt, Sarah Ellen.  
C. E. F.

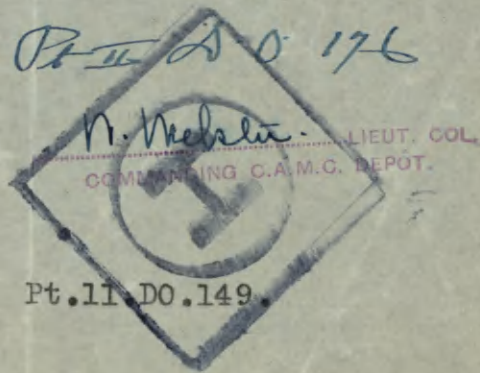
Enlisted (a) 3-4-17 Terms of Service (a) 3 of W. Service reckons from (a) 3-4-17 29-5-17

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) Prof: Nurse



Report Date	From whom received	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
			<i>Embarked</i> <u>Halifax</u>	<u>29-5-17</u>	
			<i>Disembarked</i> <u>Leury Pool</u>	<u>5-6-17</u>	
<u>25-6-17</u>	<u>C.A.M.C.</u>	<b>TAKEN ON STRENGTH</b>	<u>Westerhaugen</u>	<u>29-5-17</u>	<u>Pt. 11 DO. 176</u>
<u>25-6-17</u>	"	<u>Posted to 6th H. Orpington</u>	<u>Westerhaugen</u>	<u>8-6-17</u>	<u>Pt. 11 DO. 176</u>
<u>23-6-17</u>	<u>O.M.H.</u>	<u>Taken on strength</u>	<u>Orpington</u>	<u>8-6-17</u>	<u>Pt. 11 DO. 149</u>
<u>22-8-17</u>	<u>O. mi. H.</u>	<u>Having died in B.A. Hosp to S.O.S. as from 20-8-17</u>	<u>Orpington</u>	<u>20-8-17</u>	<u>Pt. DO. 300</u> <u>R. Shore Capt Camb.</u>



(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.







# FORM OF WILL

I, Sarah Ellen Garbutt, (Name in full)

Regimental Number Nur. Sis. serving in C.A.M.C.

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

I devise all my real estate unto

Nil.

Name and Address of person or persons to whom it is to go.

absolutely, and my personal estate I bequeath to

Will left with:-  
McLaughlin, Fulton & Stinson,  
Lindsay, Ont., Canada.

Name and Address of person or persons to receive personal estate\* (See note).

### NOTE

This space for the appointment of Executor if necessary.

### IMPORTANT NOTE

This must be signed and Dated by THE SOLDIER HIMSELF.

this 30th day of April A.D. 1917

Sarah Ellen Garbutt Signature of Soldier.

\*N.B. Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

Signature of First Witness Phaedrus

Address of Witness Kingston

THE TWO WITNESSES

Occupation of Witness Plumber

MUST SIGN HERE

Signature of Second Witness W. J. Wilson

Address of Witness 22 University Ave Kingston

Occupation of Witness Club



Handwritten mark or signature in the top left corner.

Vertical text or markings on the right side of the page, possibly bleed-through from the reverse side.

Vertical text or markings on the right side of the page, possibly bleed-through from the reverse side.

Vertical text or markings on the right side of the page, possibly bleed-through from the reverse side.

Copyrighted by...

Small text at the bottom right corner, possibly a date or reference number.



E.T. Surname **GARBUTT**

Christian Names **Sarah Ellen**

Rank **Nursing Sister**

Name and Address of Next-of-Kin **Brother.**

Promotion

**Rev. John Garbutt.**

*T.O.S. 3.4.17*

**Simcoe St. Oshawa. Ontario.**

Unit **Reinf. C.A.M.C. Nursing Sisters.**

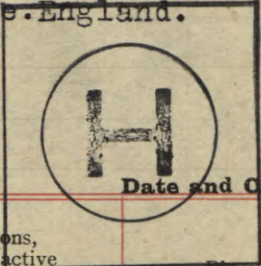
**Canada.**

Place of birth **Pickering, Yorkshire. England.**

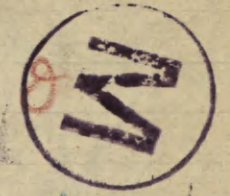
Married (Yes or No)

Appointments

Date of leaving Canada



Date and Cause of Resignation



*same 7/5*

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>T.O.S. Camp. C.R.A. on an. Ft. Carr.</i>			
<i>22-6-17</i>	<i>Duo</i>	<i>Posted to Camp. Dep. N.</i>		<i>29-5-17</i>	<i>Co. 799</i>
<i>22-6-17</i>	<i>Duo</i>	<i>Posted to Ontario M.H. Dep. N. (for admitted)</i>		<i>8-6-17</i>	<i>Co. 802</i>
<i>25-7-17</i>	<i>C.R.O.</i>	<i>Q.A.S.M.N.S. Hp. 41 Vincent Sq. S.W.</i>		<i>27-6-17</i>	<i>C. L. 734</i>
<i>21-8-17</i>	<i>C.R.O.</i>	<i>Died, Q.A. S.M.N.S. Hp. 71 Vincent Sq. S.W.</i>		<i>20-8-17</i>	<i>C. L. 754</i>

*C.L. 752. ofs. Cancer Abdomen Sciatica malignant Disease of Abdomen. A.F. 22 NOV. 1918*

*(97B 2090) (Estab. 1-9-17)*

*4241*



Report

Record of Promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case

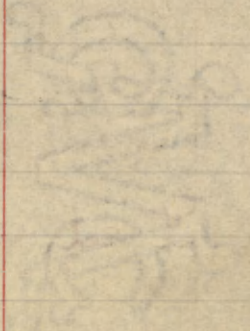
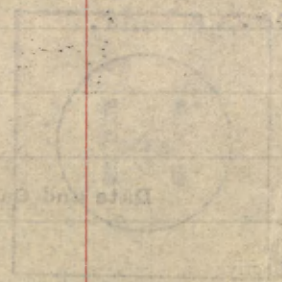
Place

Date

REMARKS  
Taken from Official Documents

Date

From whom received





ASSIGNED PAY.

*copy*  
UNIT.  
NAME OF DATE AUTHORITY

RANK.

NAME.

Beneficiary  
Address

*Canada*

*NS*

*8<sup>6</sup>/<sub>17</sub>*

*DMS Co. 799  
N.Y. L.P.C.*

Name *Garbutt*

Initials *S.C.*

Bank

*Rendon County - Wmstr.  
Coxington Kent*

Amount. *\$ 30<sup>00</sup> for 1<sup>6</sup>/<sub>17</sub>*  
Separation Allowance issued Yes or No.....

*Died 20<sup>8</sup>/<sub>17</sub> DMS Co. #284 41<sup>3</sup>/<sub>18</sub>  
Died 20<sup>8</sup>/<sub>17</sub> C.B. 757-21<sup>8</sup>/<sub>17</sub>*

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED  
PAY PAID IN  
CANADA

BALANCE

SPECIAL AUTHORITIES  
To be initialed by P.M. in every case.

INITIALS

*1917*

*June 29 Pa 27<sup>5</sup>/<sub>17</sub> - 30<sup>6</sup>/<sub>17</sub> Miss for 8<sup>6</sup>/<sub>17</sub> - 30<sup>6</sup>/<sub>17</sub> 19406  
Bank*

*9209*

*114*

*84*

*July 19 Pay July  
17 at leave 2 mos.  
23*

*Bank*

*12943*

*111 60*

*81 60*

*60*

*Aug 18 Pay Aug  
20 at leave*

*Bank*

*16966*

*111 60*

*81 60*

*30*

*The W. Ledger  
R.F. - 12 - 5<sup>2</sup>/<sub>17</sub>*

*15<sup>10</sup>/<sub>17</sub>*



ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF

DATE

AUTHORITY

DATE

AUTHORITY

Beneficiary

Address

Name

Initials

Bank

Amount. \$

Separation Allowance issued. Yes or No.....

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED  
PAY PAID IN  
CANADA

BALANCE

SPECIAL AUTHORITIES  
To be initialled by P.M. in every case.

INITIALS



ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF DATE AUTHORITY

Mess DATE

AUTHORITY

Beneficiary

Address

C.A.M.C.D.

N.S.

8<sup>6</sup>/<sub>7</sub>

Em. S.E.O. 799.

Name

Garbutt

Initials

S.E.

Bank

London County West  
Orpington Kent

Amount. \$38<sup>00</sup> 11<sup>6</sup>/<sub>7</sub> Can ✓  
Separation Allowance issued. Yes or No.....

Died 20<sup>8</sup>/<sub>19</sub> C.L. 757-21<sup>8</sup>/<sub>19</sub>

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED  
PAY PAID IN  
CANADA

BALANCE

SPECIAL AUTHORITIES BRANCH INITIALS  
To be initialled by P.M. in every case.

1917.

June 29<sup>th</sup> Ptd for 27<sup>th</sup> - 30<sup>th</sup> 1917. Mess for 8<sup>th</sup> - 30<sup>th</sup> 1917.

No. 9406.

114

Bank. 9229.

84

br 30

July 19 July Pay (R)  
" 19 A.P. Canada (2 mths)

114 60

Bank. 12943

81 60

60

br 81 60

Aug. 18 Aug. Pay. (R)  
A.P. Can

111 60

Bank. 16966

81 60

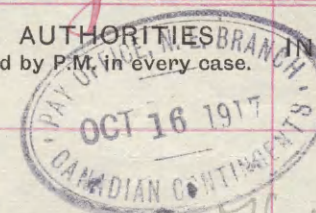
30

81 60

20

337 20

W. J. R. Ledger  
From Ledger 8 to Ledger 12.  
5<sup>9</sup>/<sub>7</sub>



Entered on N.E. Card Index.....

Checked by.....

Statement of  
DEC 15 1917  
Account rendered

late of pay 2<sup>00</sup>  
" " 21. Alla 60  
" " Mess 1<sup>00</sup>

Canadian A/P paid \$90<sup>00</sup> Auth C.F. 30 d 24<sup>5</sup>/<sub>7</sub>



ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF

DATE

AUTHORITY

DATE

AUTHORITY

Beneficiary

Address

Amount. \$

Separation Allowance issued. Yes or No.....

Name

Initials

Bank

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED  
PAY PAID IN  
CANADA

BALANCE

SPECIAL AUTHORITIES  
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INITIALS