

Unit 109th O.S. Bn Rank Capt Name Edwin Francis LeCraw

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

ORIGINAL

QUESTIONS TO BE ANSWERED BY OFFICER

(ANSWERS)

1. (a) What is your Surname? LeCraw
- (b) What are your Christian Names? Edwin Francis
2. (a) Where were you born? (State place and country) County Victoria Prov. Ont
- (b) What is your present address? Norland
3. What is the date of your birth? 23rd November 1895
4. What is (a) the name of your next-of-kin? Mary Alice LeCraw
- (b) the address of your next-of-kin? Norland Ontario
- (c) the relationship of your next-of-kin? Mother
5. What is your profession or occupation? Merchant
6. What is your religion? Presbyterian
7. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes
8. To what Unit of the Active Militia do you belong? 109th Battalion
9. State particulars of any former Military Service. 15 yrs 45th Regt
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.

Edwin F. LeCraw (Signature of Officer.)

CERTIFICATE OF MEDICAL EXAMINATION

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

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

Date Feb 18 1916

Place Lindsay

J. McCulloch Capt.
Medical Officer.
109th Overseas Battalion, C. E. F.

*Insert here "fit" or "unfit".

QUESTIONS TO BE ANSWERED BY OFFICER

1. Name of the vessel and its home port.

2. Date of departure.

QUESTIONS TO BE ANSWERED BY OFFICER

1. Name of the vessel.

2. Date of departure.

3. Name of the commanding officer.

4. Name of the vessel's home port.

5. Date of arrival.

6. Name of the vessel's agent.

7. Name of the vessel's owner.

8. Name of the vessel's charterer.

9. Name of the vessel's cargo.

10. Name of the vessel's crew.

11. Name of the vessel's passengers.

12. Name of the vessel's cargo.

13. Name of the vessel's crew.

14. Name of the vessel's passengers.

15. Name of the vessel's cargo.

16. Name of the vessel's crew.

17. Name of the vessel's passengers.

18. Name of the vessel's cargo.

19. Name of the vessel's crew.

20. Name of the vessel's passengers.

21. Name of the vessel's cargo.

22. Name of the vessel's crew.

23. Name of the vessel's passengers.

24. Name of the vessel's cargo.

25. Name of the vessel's crew.

26. Name of the vessel's passengers.

27. Name of the vessel's cargo.

Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
 Attestation Papers..... *3 1/2*
 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..... *2*
 Proceedings of Regt. Court Martial.....
 Copies of Convictions by Civil Power.....
 Company Conduct Sheet.....
 Clothing Transfer Certificate.....
 Inventory of Kit.....
 Last Pay Certificate.....

M A W 67 2
P Card - 1

DISCHARGE DOCUMENTS

Name *Lee Crow Edwin Francis*

Regt. No. _____ Rank *Capt*

Corps *109th Co Bn*

Struck off strength

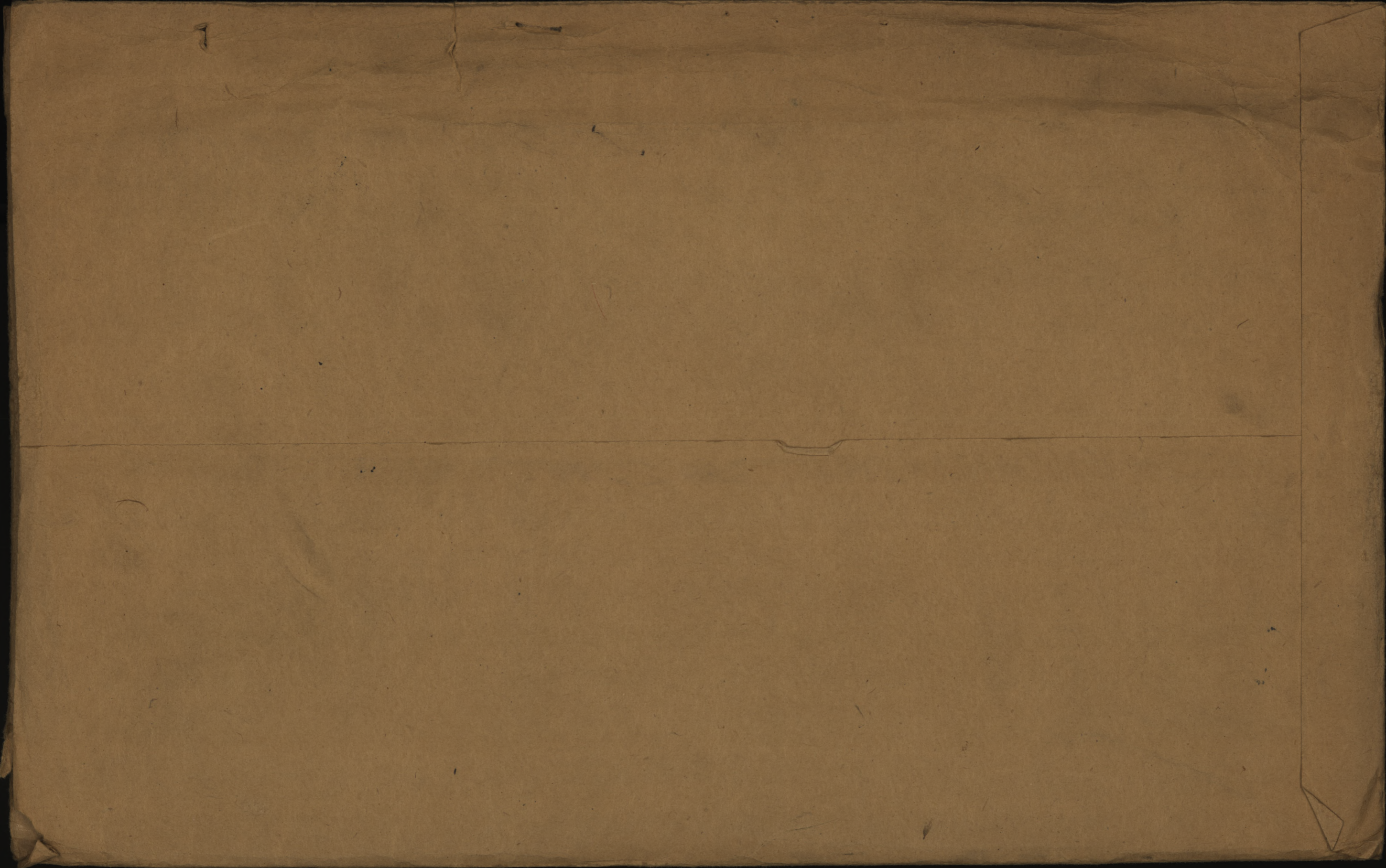
17285

R. O. No.

H. Q. No.



64-17-9-19
9/10/19



Number..... Rank, *Capt.*

Surname, *LECRAW.*

Christian Name, *EDWIN FRANCIS.*

Units..... Theatre of War, *England.*

Date of Service, *23-7-16.* *26-8-17.*

Remarks, *1st COR.*

Latest address, *Norland, Ont.*

Roll No. *a Page 1869*

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

DEPT. DEC 28 1925
REG. NO. 1938

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

1109-2.

CARD NO.

S.O.S. Dis. 18-5-17

SURNAME. *Le Crow.*

CHRISTIAN NAMES *Edwin, Francis.*

FOLL.

REGL. NO.

RANK *P. Capt. - 13116*

UNIT *109th Bn*

S.S. (vereside) Bn.

FORMER CORPS *45th. Regt. (15 yrs.)*

*No 26817
13.9.17*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *Le Crow, Mrs. Mary, Alice.*

RELATIONSHIP TO SOLDIER *Mother.*

ADDRESS *Norland, Ont.*

COUNTRY OF BIRTH *Canada, Victoria Co., Ont.* DATE *Nov. 23rd. 1875*

PLACE OF ATTESTATION *Lindsay* DATE *8-2-16*

Sailed from Halifax 23/7/16^{H 88} per S.S. "Olympic"

L. L. 94504; M. & D. 6512.

M. F. W. 22. 250m. - 2-16. H. Q. 1772-39-339.

R/C 9-9-17

Returned to Canada. Pr. S.S. Carmania 36/8/17. (Auth. T 347)
Struck off strength Aug 26/17. (Auth R.O.T. Ser. for. Aug 20/17)

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

Merchant.

RELIGION

Presbyterian

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION.

PLACE

Lindsay, Ont.

DATE

Feb. 18th. 1916.

Present address:

Norland, Ont.

No.

RANK

Captain

NAME

Le Craw. C.

7.

T. O. S.

UNIT

109th. Battalion.

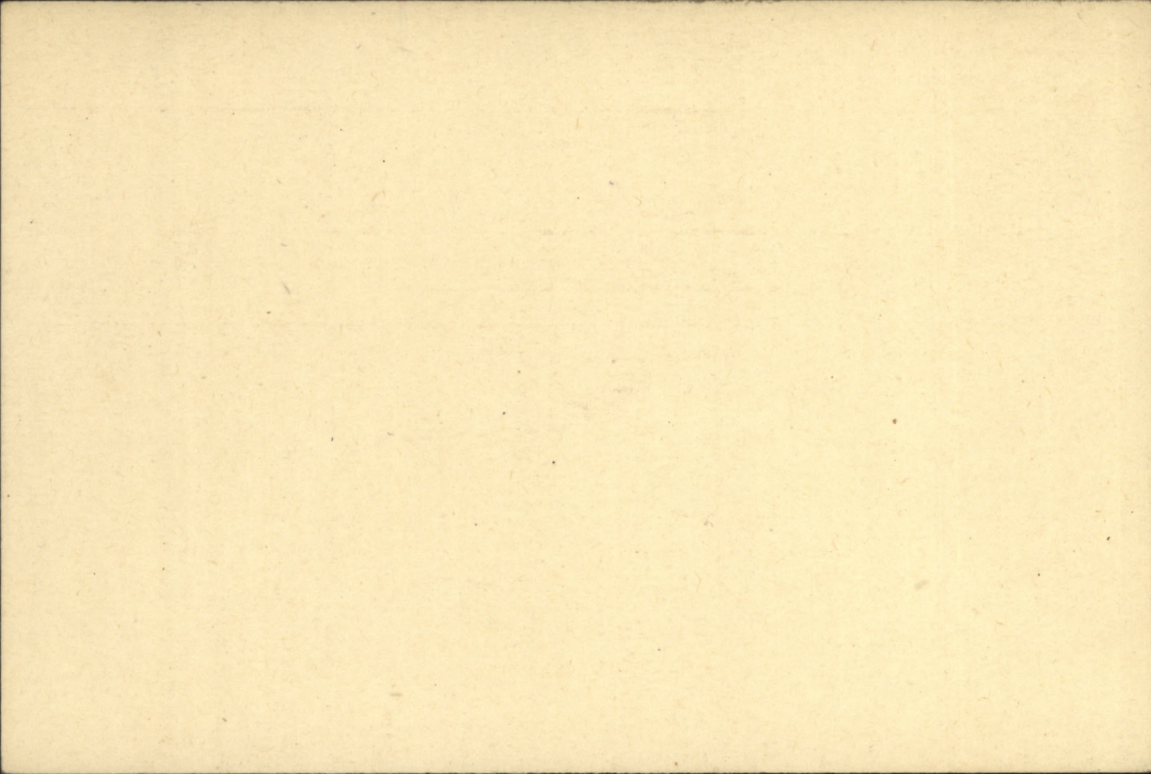
M. D.

3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Jan 12	1916. Jan 31	✓	App. Prov. Captain 12-1-16	D. O. 48.14.1-16.
	Feb.	✓		
	Mar.	✓		
	April.	✓		
	May.	✓		
	June.	✓	Prov. app. 2 nd in Command.	D. O. 141 of 7-6-16.
	July.	✓		

UNIT SAILED

JUL 23 1916



Surname Le Crawl Christian Name Edwin Francis

Examined { on 18 day of February 1916
 at Sunday

Approved by J. McCulloch Capt.
 DEPT MILITIA & DEFENCE
 OCT 17 1917
 CANADA
 Rank 1109 Medical Officer M.O.
 109th Overseas Battalion, C. E. F.

Birthplace { City or Town _____
 County Victoria, Ontario

Apparent age 40 years

Trade or occupation Merchant

Height 5 Feet 8 Inches

Weight 152 Lbs.

Chest measurement { Minimum 35 inches
 Maximum expansion 39 inches

Physical development Good

Small-Pox Marks None

Vaccination Marks { Arm Right None Left one
 Number one

When Vaccinated last Feb 28th 1916

(a) Marks indicating congenital peculiarities or previous disease _____

(b) Slight defects but not sufficient to cause rejection None

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

Date	Result	VACCINATIONS,
<u>28.2.16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
		M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>25.4.16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
<u>2.5.16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
<u>8.5.16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
<u>10.11.16</u>	<u>Good</u>	<u>J. McCulloch</u>

Enlisted on 18 day of Febr. 1916 at Sunday

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109th Bn C.E.F.</u>	<u>Capt.</u>		<u>18.2.16</u>
Transferred to.. ..	<u>12th Res Bn</u>			

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.

Printed
 22.10.17
 1009

To be made out in duplicate.

H.Q. 51-23-53
MILITARY REFERENCE
SEP 29 1917
H.Q. CANADA

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1) Name of Overseas Unit which Soldier joins.....

109th OVERSEAS BATTALION, C. E. F.

(2) Regimental Number.....

(3) Full Name of Soldier.....

Capt. Edwin Francis LeCraw

(4) Place of Birth.....

Argyle, P. C. Ont

(5) Are you married, or not?.....

No

(6) If married, state,

(a) Full name of your wife.....

(b) Present Postal Address.....

(7) Are you a widower?.....

No

(8) Have you any children?.....

No

If so, give number of boys and girls.....

Also their names and ages.....

(9) Is your Father alive? *No*

If so, state name and address

(10) Is your Mother alive? *Yes*

If so, state name and address

*Mary Alice LeCaw
Norland R.R. Ont*

(11) If your Mother is a widow *No*

Are you her sole support, or not? *No*

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

Would prefer that notice

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

*Would prefer that notice be sent my
brother James A LeCaw Norland, Ont
instead of to my mother.*

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

(15) Are you insured? *Yes*

If so, in what Company? *Canadian Order of Foresters*

Have you made arrangements for payment of your Insurance premium? *Yes*

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

Date *July 13th 1916*

[Signature]
Lt. Col.
O. C. 109th Overseas Battalion, C. E. F.
Officer Commanding.

ET.

Rank and Name LeCRAW, Edwin Francis

Captain.

25-16

Regimental No.

Name and Address of Next-of-Kin

Mother.

Unit 109th Battn.

Mary Alice LeCraw.

Date of enlistment

Norland, Ontario, Canada.

Place of birth Co., Victoria, Ontario, Canada.

A.F.B. 158. 12 Res. 31-3-17

Married (Yes or No)

No.

Date and place of discharge

If in Permanent Force

Reason for discharge

Character on discharge

Promotions or appointments

LEFT CANADA 23-7-16



Report		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	Graded 1st COB REMARKS Taken from Official Documents
Date	From whom received				
21-12-16	134 th Bn	Attached for Duty		20-12-16	Platoon 297 Platoon 348. 109 th Bn D.O. 992 (5 th div). D.O. 1412. Schiffe
10-3-17	" "	ceases to be att ^d 134 th Bn. in Tfer to 12 th Res Bn.		10-3-17	Pl. II. Div. 69. Pl. II. Div. 69. 12 th Res. Do 1225 CID Schiffe
24. H. 19	H. Oho C. E. F.	Qualified 2 nd class 3 rd course of Infantry	Canadian Branch Warfare School Cowborough	14. H. 19	RO 1232
23. 8. 14	1 COB	T.O.R. from 12 th del. H. London for Disposal		20. 8. 14	Pl. 169.
31. 8. 14	1 COB	Disposal Canada Disposal Ottawa Surplus to Establishment From 1 COB		26. 8. 14	RO 2352

4400

Report

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

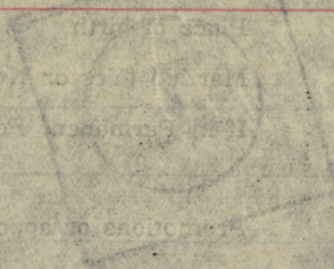
Place

Date

REMARKS
Taken from Official Documents

Date

From whom received



SEPARATION ALLOWANCE

Sheet No. 2.

L. L. Job 310.—Req. 6574.

M.A. LeCraw

OVERSEAS CONTINGENTS
W Mother
PAYMENTS.

Name of Soldier

LeCraw E. F.

Capt

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July		L 11412	160	
Aug.		+ x x x		160
Sept.		K 17279	40	40
Oct.		M 19810	40	40
Nov.		T 23181	40	40
Dec.		T 25840	40	40
Jan.	1917	Z 29239	40	40
Feb.		Z 32165	40	40
March		Z 35119	40	40
April		61443	40	40
May		Z 4307	40	40
June		69279	40	40
July		Z 11369	40	40
Aug.		B 16453	40	m
Sept.		S 19517	40	B
Oct.			40	m
Nov.				
Dec.			680	
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

Acct closed Auth. P.M. L. 14-9-17
 HQ 1109-2 on file 10813-E-24
 FX J. P.L. 20-9-17

f 14586 Laurel RE-WRITE

ACCOUNT CLOSED
 DATE.....PER.....

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 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.				

1-5-16

MILITIA AND DEFENCE

M. F. W. 11.

50m.—4-18.

H. Q. 1772-32-818.

SEPARATION ALLOWANCE

Name *Mary A. Le Crow*Name of Soldier *Le Crow Edwin F.*Address *Norland
Ont.*

Regtl. No.

Rank *capt*Corps *109th Bn.*

Relation to Soldier

wife, child or mother

} W Mother

To what Corps belonging

when called out

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apr.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

COPIED
FOR
5
CASUALTIES.



ACCOUNT CLOSED
DATE..... PER.....
W

JOHN

1885

Name Le Craw, Capt Edwin Francis

M. F. W. 41
1 OM-7-16
1772-39 889. ✓

Regimental No.

Name and address of next-of-kin

Unit 126th Bn.

1109 - 2
Northland, Ontario.

Date of enlistment

Canada

Place of

Co. 1st - mil.

Married (yes or no)

50 - stopped - 30-9-17 -
England - 500. and Co. 1st -
mil. 9

Date and place discharged

Surplus -

Amount of pay assigned monthly \$

Reason for discharge

510 12.9.17

To whom payable

Character on discharge

Carmania 26/17 arrived - 9/17 - P.C. -

1-16-17-6 - 21-8-17-
1-16-17-6 - 21-8-17-

Form 5351-M. & D. 1890.

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					
1.9.17	12.9.17	12	3 ⁰⁰	36 00	12	.75	9 00	4 50	49 50	3742	27/17	43 50	✓	6 00	49 50	133 O Subs 10 ² / ₁₇ to 12 ² / ₁₇ + off messing 26 ² / ₁₇ to 31 ⁸ / ₁₇ Struck off the strength of the C.S. 7. 12.9.17. Rendered P.D.P. clear 23/17

File No. 10813-6-33

WAR SERVICE GRATUITY.

Register No. 1254

Inv. 18-9-19. W. 93.

Reg. No. Capt

Dependent Mrs. Mary Alice Lebraw (Mother)

Name Lebraw Edwin Francis

Address Same add.

Address Norland, Ont.

Dec'n No. W.S.G. Award days at \$ per day \$ S.A. months at \$ per mo. \$ Less P.D.P. Credited \$

Pay Soldier \$ 457.50 Less further debit balance Net due paid as below

Pay Dependent \$ 160 amended award.

TO SOLDIER TO DEPENDENT

Table with columns: No, Ag. No, Ch. No, Amount, Days, No, Ch. No, Amount, Rate. Includes handwritten entries for 375 and 122.

Clerk [Signature]

Net 457.50 617.50

R. 134 W. 10-19-19.

Main table with columns: Date, Ck. Order, Ck. No., Amount, Remarks, Date, Ck. Order, Ck. No., Amount. Includes handwritten entries for 27-9-19, 29475, 526718, 457.50, 6/4/19, 41229, 538029, 160.

GEN'L AUDITOR Posting checked by [Signature] Date 25-9-19

5/14

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

86
10813-E-1

Name **Le** **Craw, Edwin Francis**
Surname Christian Name

Regimental Number

Rank **Capt.**

Address (in full)

Norland, Ont.

Unit **126th Bn.**

Original Unit

District where paid

Date of Discharge **12-9-17**

P. D. P. Filing Number **843-E-2.**

Rates:—Regimental pay \$ per diem: Field Allowance \$ per diem. Separation Allowance \$ per month.

L. L. 22573—M. & D. 8000.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Overpayments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		

Remarks: **Ineligible. Civil servant.**

M. F. W. 127.
50M-617.
1772 39-1140.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

40			
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RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No. _____
 Rank *capt* Promoted _____ Reverted _____ Discharge _____
 Soldier's Name *Edwin F. Le Crow*
 Battalion *109 Battrn.*
 Beneficiary *mis Mary A. Le Crow.*
 Relationship *w. mother*
 Address *Norland Ont.*

Name _____
 Address _____
 Change of Address _____
 1 _____
 2 _____
 3 _____
 4 _____

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>1917 Dec 31</i>		<i>680 ✓</i>		<i>680 ✓</i>	<i>Ac closed auth. Rm L-14-9-17 H.Q 1109-2 on File 10813-E-24-JXJ, PL-20-9-17</i>

728 603

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

Date

Cheque No.

Amount S/A

Amount A/P

Total

REMARKS

M. F. W. 128.
 400mc-5-17-1772 89-1141
 L. L. 2330-NL & D. 7993.

ASSIGNED PAY.

UNIT.

Beneficiary

NAME OF

DATE

AUTHOR

109th Bn.

Address

Amount. \$

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

1916-17

DATE

PARTICULARS

CK. NO.

CR

1916

Aug 16 Bank

17 Pay Aug. Messy. fr. 31 ⁷/₁₆.

148

17 Cr. Bal. fr. Canada.

56

26 Bank

7462

Sept 20 Pay Sept

142

26 Bank

Oct 19 Pay Oct

147

24 Bank

Nov 11 Pay Nov

142

25 Bank

Dec 11 Pay Dec.

147

16 Bank

1917 Jan 27 Pay Jan. (R)

147

23 Bank

19289

Feb 20 Pay Feb (R)

133

24

Bank.

21937

Mar 20 Pay March (R)

147

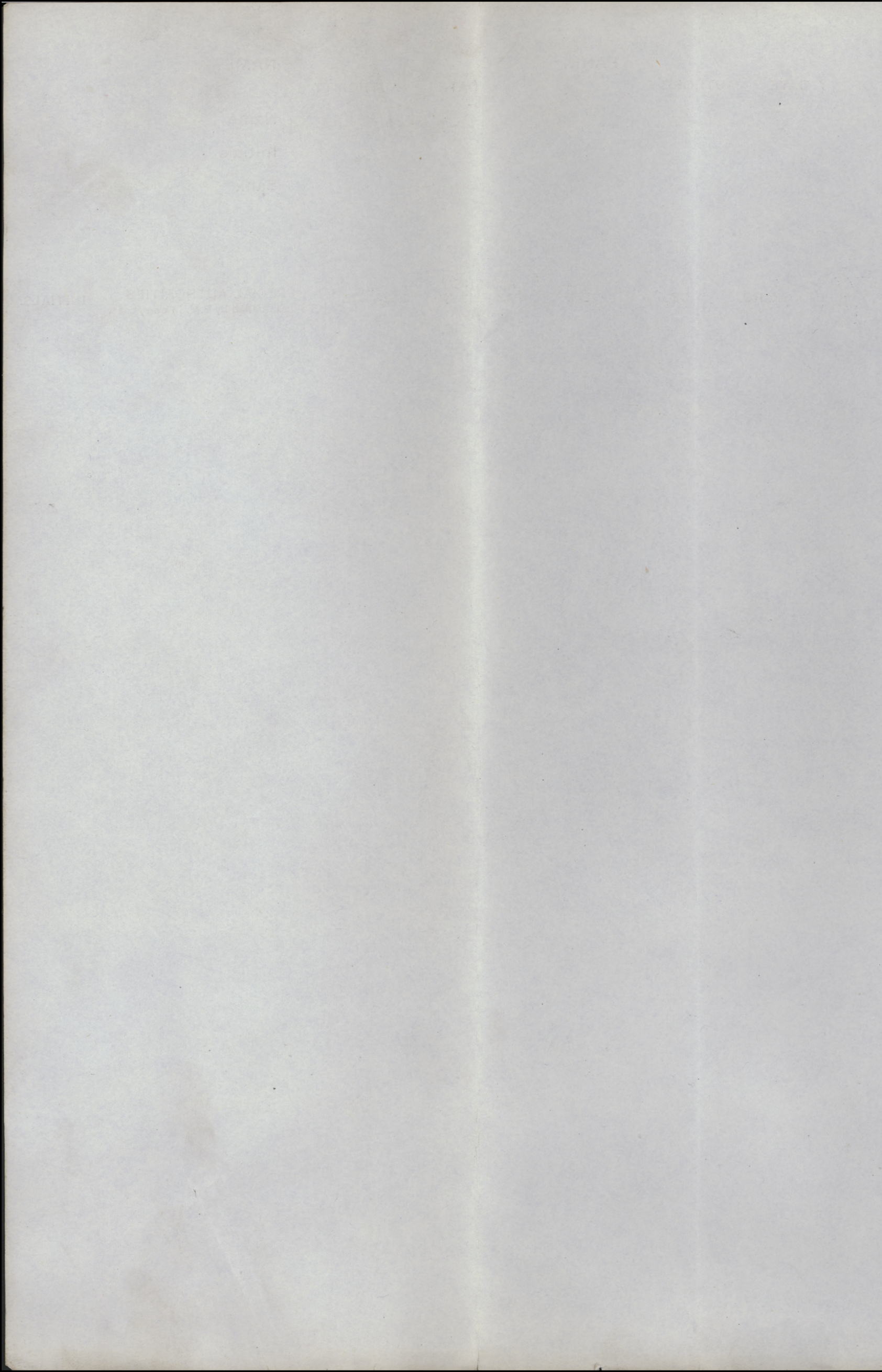
24

Bank.

24838

NAME OF	DATE	AUTHORITY	RANK.	mess. DATE	AUTHORITY	NAME.
Bn.			Capt.	31-7-16.	From Canada.	Name Le Craw, E.F.
					M.R.O. #1225 C.J.D.	Initials
					d/7-8-16.	Bank of Montreal.

CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS.
		56 25				
	148 25					
	56 25					
7462		148 25		0		
	142 50					
		142 50		0		
	147 25					
		147 25		0		
	142 50					
		142 50		0		
	147 25					
		147 25		0		
	147 25					
19289		147 25		0		
	133					
k. 21937		133		0		
	147 25					
uk. 24838		147 25		0		



ASSIGNED PAY.

UNIT.

Beneficiary

G. Mel.

Address

Amount. \$

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

1917-18

DATE	PARTICULARS	CK. NO.
1917		
April 23 25	Pay April (R) <u>Bank.</u>	14 3017
May 21 24	Pay May (R) <u>Bank</u>	14 6029
June 18 30	Pay June (R) <u>Bank.</u>	14 9017
July 18 25	Pay July (R) <u>Bank.</u>	14 13082
Aug 20 20	Pay Aug (R) <u>Bank.</u> Adm. Bal. Aug P.A.	14 16873
Dec 7	Rations 21 days ⁶ / ₁₇	7418

NO.	DATE	AUTHORITY	RANK.	DATE	AUTHORITY	NAME.
MS.			Captain	31-7-16	From Canada	Name Le Crow Initials E.F. Bank of Montreal

017-18

CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS.
		14250				
nk.	3017		14250	0		
		14725				
nk.	6029		14725	0		
		14250				
nk.	9017		14250	0		
		14725				
nk.	13082		14725	0		
		14725				
Bank.	16823		14725	0		

Ret to Can.
S.V. 6 to 31/7
T. f. to N.E. Ledger

Trans From Ledger 19 to 12
6-9-17.
*E-1-8-0.

+ 7418

ASSIGNED PAY.

UNIT.

RANK.

NAME OF

DATE

AUTHORITY

DA

Beneficiary

Address

Amount. \$

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

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED
PAY PAID
CANADA

