

THE UNITED STATES, Dr.,

1. LAST NAME—FIRST NAME—MIDDLE INITIAL <b>HICHPAS ALFRED H</b>	2. ARMY SERIAL No. <b>0 469 312</b>	3. GRADE <b>Capt</b>	4. BRANCH <b>CHC</b>	5. COMPONENT <b>AUS</b>
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DEPENDENTS

6. <input checked="" type="checkbox"/> None	7. <input type="checkbox"/> Lawful wife or unmarried child under 21 years of age (a)	8. <input type="checkbox"/> Mother or father (b)	9. <input type="checkbox"/> Adopted child or stepchild under 21 years of age (c)
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PAY STATUS DATA

10. DATE ENTERED ON ACTIVE DUTY <b>24 May 42</b>	11. PLACE FROM WHICH ORDERED TO ACTIVE DUTY <b>GREEN BAY WISC.</b>		
12. LEAVE ACCRUED MONTHS <b>0</b> DAYS <b>71</b>	13. SERVICE OVER <b>3</b> Years	14. PAY PERIOD <b>3rd</b>	15. YEARS COMPLETED (d) NUMBER <b>3</b> DATE COMPLETED <b>24 May 45</b>

LPS SU 2180 PCD APO 828 c/o New Orleans CREDITS LP 30 Nov 45

16. Base and longevity (15)	ACCRUAL PERIODS, 19 <sup>45</sup> (Inclusive dates)							TOTAL AMOUNT
	FROM—	1 Dec	1 Jan	1 Feb	3 Mar	3 Apr	3 May	
2 days travel time PAY FOR—	To—	19 Dec	31 Dec	31 Jan	3 Feb	3 Apr	3 May	
17. Foreign service <b>1 - 15 Dec</b>		\$	\$210.00	\$210.00	\$231.00	\$	\$	\$ 651.00
18. Flying, aeronautical, rating (e)			10.00					10.00
19. Flying, nonflying officer (f)								
20. Parachutist (g)								
21. Mustering out (h) <b>\$300</b>					100.00	100.00	100.00	300.00
22.								
23.								
ALLOWANCE FOR—								
24. Subsistence			21.70	21.70	21.70			65.10
25. Rental (i) <b>20 Dec 3 Mar</b>			27.50	75.00	82.50			185.00
26. Travel, mileage status (j)		97.84						97.84
27.								
28.								
29.								
TOTAL CREDITS		97.84	269.20	306.70	435.20	100.00	100.00	\$ 1306.94

DEBITS

30. Class-B allotment—Bonds								
31. Class-D Government insurance								
32. Class-E allotment <i>Disc. 31 Dec</i>			25.00					25.00
33. Class-N Nat'l serv. life insurance <i>Disc. 31 March</i>			7.30	7.30	14.60			29.20
34.								
35. Due United States for (No.) meals								
36.								
37.								
TOTAL DEBITS			32.30	7.30	14.60			\$ 54.20

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
NET BALANCE	17.84	236.90	299.40	420.60	100.00	100.00		\$ 1254.74
38. Amount paid by cash	17.84							97.84
39. Amount paid by check on Treas., U. S.		236.90	299.40	420.60	100.00	100.00		1156.90
40. Check No.								
41. Date of check								
42. Voucher No.								
43. Symbol No. (For use by G. A. O.)								
44. Mail check(s) to me at the following address:								

621 N MADISON STREET LITTLE CHUTE WISC.

PAID BY  
**E. A. NYQUIST**  
Major, F.D.  
Separation  
Fort D  
Sy.  
(For use of paying office)

45. I CERTIFY that the foregoing statement and account of moneys due and to become due me in accordance with existing law, including any accompanying certificates, statements and schedules (which are hereby made a part hereof), are to the best of my knowledge and belief true and correct; that payment therefor in full or in part, except as stated, has not previously been received; that I now have no assigned, transferred, or other pay accounts outstanding for the period for which pay is claimed on this voucher or for future months; that I am not in any manner indebted to the United States or its agencies or instrumentalities, except as stated; that on this and previous vouchers I have entered and had deducted all allotments made by me during the period of my military service; that I am not accountable or responsible for public property; and that payment as stated on the within pay voucher is not prohibited by any provisions of law limiting the availability of the appropriation(s) involved.

46. REC'D IN CASH \$ <b>97.84</b>	47. DATE CASH REC'D <b>19 Dec 45</b>	48. SIGNATURE OF PAYEE FOR CASH RECEIVED <i>Sign Original Only</i> <b>Memorandum—Do Not Sign</b> ALFRED H NIETPAS	CERTIFICATION SIGNATURE OF PAYEE <i>Sign Original Only</i> <b>Memorandum—Do Not Sign</b> ALFRED H NIETPAS
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**ACCOUNTING CLASSIFICATION**

APPROPRIATION, LIMITATION OF PROJECT SYMBOL	APPROPRIATION TITLE	APPROPRIATION (Amount)
<b>212/60425</b>	<b>601-32 P 431-02 599-999</b>	<b>97.84</b>

(a) NAME OF DEPENDENT WIFE OR UNMARRIED CHILD UNDER 21 YEARS OF AGE	IF CHILD ENTER AGE	ADDRESS
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(b) DEPENDENT FATHER OR MOTHER (Item 8)  
 For the purpose of obtaining payment of certain allowances from the Government and in support of my contention that my father or mother is in fact dependent on me for his or her chief support, I CERTIFY that my father or mother is Mr. (Mrs.) \_\_\_\_\_ who lives at \_\_\_\_\_; that the amount required for my father's or mother's reasonable and proper living expenses is from \$\_\_\_\_\_ to \$\_\_\_\_\_ per month; that for the period from \_\_\_\_\_ to \_\_\_\_\_, I have contributed to the support of my father or mother, without any consideration therefor or hope or expectation of return therefrom, the sum of \$\_\_\_\_\_; that the total gross income of my father or mother, from all sources (including in such income any payment or contribution of others toward his or her proportionate share of household or living expenses) other than my contributions has not exceeded and does not exceed \$\_\_\_\_\_ per month or \$\_\_\_\_\_ per year for the period from \_\_\_\_\_ to \_\_\_\_\_; and that the living expenses actually incurred by my father or mother during the period from \_\_\_\_\_ to \_\_\_\_\_, amount to from \$\_\_\_\_\_ to \$\_\_\_\_\_ each month.

(c) ADOPTED CHILD OR STEPCHILD (Item 9)  
 I CERTIFY that \_\_\_\_\_ is my adopted child and will be \_\_\_\_\_ years of age at his or her next birthday; that he or she was adopted by me pursuant to the laws of \_\_\_\_\_, certified copy of adoption papers filed herewith (or filed with voucher No. \_\_\_\_\_, \_\_\_\_\_, 19\_\_\_\_, accounts of \_\_\_\_\_); that the child was \_\_\_\_\_ related to me by blood or marriage as my \_\_\_\_\_ before adoption; that the adoption by me was for the child's benefit; that the child was not adopted by me to secure any personal or pecuniary advantage, either in the way of increase in my pay or allowances, or otherwise; that the child is now residing with \_\_\_\_\_, \_\_\_\_\_, related to me by blood or marriage as my \_\_\_\_\_ and related to the child as \_\_\_\_\_; that the child is not possessed of property or income adequate of his or her support; that the child is not the beneficiary, either directly or through others, of any trust or estate entitling the child to income adequate for his or her support and education; that I actually and necessarily contribute from my own personal funds \$\_\_\_\_\_ each month solely for the care, maintenance, support, and education of the said child.

(d) STATEMENT OF SERVICE FOR LONGEVITY CREDIT (Item 15)  
 I CERTIFY that I have held a commission; appointment as commissioned warrant officer, warrant officer, flight officer, or army field clerk; or have been enlisted as a member of the respective service(s) shown below for the inclusive periods indicated. I FURTHER CERTIFY that all National Guard service claimed hereon was federally recognized; that it was not in the inactive National Guard; that all officers' training camp service was in the capacity of an enlisted man and that all initial appointments are shown from the date of acceptance.

SERVICE OR COMPONENT	FROM—	TO—	SERVICE OR COMPONENT	FROM—	TO—

(e) FLYING PAY (Aeronautical rating) (Item 18)  
 I CERTIFY that I hold an aeronautical rating as \_\_\_\_\_; that during the period for which aviation pay is claimed on this voucher I was, by orders of competent authority, required to participate regularly and frequently in aerial flights; and, in consequence of such orders, I did participate in regular and frequent flights, while in a duty status, sufficient to meet the requirements of Executive Order No. 9195, 7 July 1942 (AR 35-1480).

(f) FLYING PAY (Nonflying officer) (Item 19)  
 I CERTIFY that during the period for which aviation pay is claimed on this voucher I was, by orders of competent authority, required to participate regularly and frequently in aerial flights as a nonflying officer; and, in consequence of such orders, I did participate in regular and frequent flights, while in a duty status, sufficient to meet the requirements of Executive Order No. 9195, 7 July 1942 (AR 35-1480).

(g) PARACHUTE DUTY (Item 20)  
 I CERTIFY that, during the period from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, I was not in a flying pay status; that parachute jumping was an essential part of my military duty; that I held a rating as a parachutist or was undergoing training for such rating; and that I was engaged upon duty designated by the Secretary of War as parachute duty.

(h) MUSTERING-OUT PAY (Item 21) (Strike out the italicized words if inapplicable)  
 I CERTIFY that I am a member of the armed forces and have been engaged in active service in the present war; that I am being discharged or ~~discharged~~ <sup>xxx</sup> ~~released~~ from active service under favorable conditions; that I have not heretofore received a mustering-out payment under the Mustering-Out Payment Act of 1944; that I performed active service for at least 60 days; that I served outside the continental limits of the United States or in Alaska; and that I do not fall within any of the classes of persons to whom payment is prohibited by section I (b) of said act.

(i) RENTAL ALLOWANCES (Item 25)  
 I CERTIFY that, during the period for which rental allowance is claimed on this voucher, I was not assigned adequate quarters at my permanent station; if without dependents, I was not on field or sea duty; if with dependents, I did not occupy with them any public quarters assigned to me without charge at any station, nor did any of them occupy public quarters assigned to them or to any other officer or his dependents, except for bona fide social visits, or receive a monetary allowance in lieu thereof.

(j) AUTHORITY FOR DUTY AT PRESENT STATION AND STATEMENT OF TRAVEL (Item 26)  
 I CERTIFY that the following statement of travel was performed in compliance with orders attached and is correct; that payment therefor has not been received; and that no transportation was furnished by the United States, either in kind or on Government transportation request, except as stated.

On duty at pres. sta. per par. \_\_\_\_\_ S. O. \_\_\_\_\_ HQ. \_\_\_\_\_ dated \_\_\_\_\_ rec'd at \_\_\_\_\_ on \_\_\_\_\_  
 Ordered home per par. \_\_\_\_\_ S. O. \_\_\_\_\_ HQ. \_\_\_\_\_ dated \_\_\_\_\_ rec'd at \_\_\_\_\_ on \_\_\_\_\_

1st Ind Ltr Ord Cp Nyles Standish 16 Dec 45  
 100 WFC Ft. Devens 19 Dec 45  
 Cp My Stand 16 Dec  
 Ft. Devens 19 Dec 45

STATEMENT OF TRAVEL PERFORMED (to be filled in by traveler)

COMPUTATION OF AMOUNT DUE (To be filled in by administrative officer)

DATE 19 45 (1)	FROM— (2)	DATE 19 45 (3)	TO— (4)	KIND OF TRANS. FURN. (See note) (5)	LAND GRANT INCL. IN EST. ROUTE AND DIST. (6)	TRANS. FURN. EXCL. LAND GRANT IN COL. 6 (7)	AUTHORIZED MILEAGE (8)	NOTATIONS
					Miles	Miles	Miles	
17 Dec	Cp Wyles Standish	17 Dec	Ft. Devens, Mass	G/A			72	RMEN
19 Dec	Ft. Devens, Mass	21 Dec	Green Bay Wis	None R			1178	OMT
				<b>TOTALS</b>			72 1250	
				Rate per mile	\$0.03	\$0.03	\$0.08	
				Amounts		2.16	100.00	
				Deduct columns 6 and/or 7			2.16	
				Other deduction				
				<b>NET AMOUNT TO BE PAID</b>			97.84	

Transportation furnished by U. S. Government:

T/R—Gov't trans. request; rail, water, air, or highway. G/B—Gov't boat.  
G/P—Gov't plane or airship. G/A—Gov't automobile.

No transportation furnished by U. S. Government—None.

Indicate method of travel used by inserting after "None" one of the following letters: Highway (H); Air (A);  
Water (W); Rail (R); Privately owned conveyance (P).

T/R No. \_\_\_\_\_ Carrier(s) \_\_\_\_\_

T/R No. \_\_\_\_\_ Carrier(s) \_\_\_\_\_

T/R No. \_\_\_\_\_ Carrier(s) \_\_\_\_\_