No.	RANK.	NAMES.	PERIOD. From	PERIOD. TO	No. of days.	PAY. Rate per day. $	PAY. Rate per day. cts.	PAY. Total. $	PAY. Total. cts.	Receipt of the Officers, N. C. Officers and Men.	Witness to the names of those who cannot sign.	REMARKS.
			18	6 .						*Brought forward.*		
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Total..$

* Deduct total amount of advances of Pay issued during the Month, or the period of Service, *as the case may be.*

* Examined and certified.

District Paymaster.

Balance due $

I hereby certify that I have examined this Pay-list and found it to be correct

Paymaster.

Approved,

Officer Commanding the Batt.

I hereby certify upon my honor that this Pay-list is correct, and that the whole of the Men entered therein for pay have been effective for the period for which pay is claimed.

Officer Comdg. the Company.

N. B.—The *Staff Non Commissioned Officers of Battalions* will be included for pay and Board and Billet allowance with such Company as the Commanding Officer may direct.