

ACC 10000/120/5874
(1072 folders)

Q/1/16-E 3 SHIPPING TICKETS BRITISH MEDICAL

Apr. - May 1945

3 SHIPPING TICKETS BRITISH MEDICAL 101-150

- May 1945

WSD
5055

2

WAR DEPARTMENT
C. M. C. Form No. 54
Revised June 30, 1942

SHIPPING TICKET

SEP 11 1945

CONSIGNOR: BRITISH GOVERNMENT

BR. MED. No 150

DATE SHIPPED OR DELIVERED 26 MAY 1945

SHIP TO
ITALIAN GOVERNMENT

AUTHORITY OR REQ. No.

TRANSPORTATION COST OF \$

CHARGEABLE TO

P/A No.

QUANTITY		ARTICLE	UNIT	UNIT COST	TOTAL COST
ORDERED	SHIPPED				
		1 Water Sterilising Pwdr	lb		
		26 Flycatchers	No		
		1 A.L.63 Mk 11	lb		
		1 Anti Mosquito Spray	Gal		
		4 Cresol 1 Solid	lb		

The above figures are compiled from Form ST 8 No 153/5/7

Per authority AFHQ Ltr. 400/105 DO. dated 22 Sept 44

The above items were shipped to the Italian Armed Forces

From 241 Coy Camp Flm

To 405 REGGIMENTO PIONIERI ITALIAN

On 26 May 45

MAJOR GENERAL
MILITARY MISSION ITALIAN ARMY
ALLIED REPRESENTATIVE

5055

ARTICLES LISTED IN COLUMN "ORDERED" HAVE BEEN RECEIVED UNLESS OTHERWISE NOTED IN COLUMN "SHIPPED"

LISPETONE

CONSIGNEE'S VOL. No.
CONSIGNEE'S VOL. No.
NUMBER OF SHEETS

1859 Hyacinth 1253 100 lb
1 lb 26 1 lb 1 gal

100 lb
1 lb

R. E.

MRIA FORM 578

RATIONS ISSUE NOTE
BUONO DI PRELEVAMENTO495 Reggimento Fieri Italiani
153 COMPAGNIA
C100 L. P. COYSVoucher No. 153/5/7
of Issuing Depot
No. di serie del
Magazzino cedenteVoucher No.
of Unit Despatching
per. di serie del
Reparto prelevanteUnit
RepartoRations for consumption from
Razioni da consumarsi dalRation Strength
Forza da vettovagliareTotal Number Rations
Numero Totale RazioniDepot
Magazzino

27th May 45

2 June 45

No. days 7
No. giorniSingle Scale
Tipo UnicoTravelling
da viaggioHospital
OspedaleSingle Scale
Tipo UnicoTravelling
da viaggioHospital
Ospedale

Army y Tps Sup Pk 4 (2nd Camp Rk.)

ITEM GENERE	W.S. Pdr	Hycathers	AL63	AMCO. Spray
QUANTITY QUANTITATIVO	1/2 lb.	26	1 lb.	1 gal.
ITEM GENERE				
QUANTITY QUANTITATIVO	Solid Green			
ITEM GENERE	4 lbs	Br med	150	
QUANTITY QUANTITATIVO				
ITEM GENERE				
QUANTITY QUANTITATIVO				

Signature of Officer
of Unit DespatchingCounter Signature of Officer
of Unit DespatchingSignature of Officer
Commanding Issuing DepotSignature of Person taking
delivery of rationsDate
Razioni drawnFirma di un Ufficiale
del Reparto prelevante
Controfirma di un Ufficiale
del Reparto prelevanteFirma del Consegnatario
del Magazzino cedenteFirma di chi prende
in consegna
5054
Data di prelievo
delle razioniThis copy to be retained by unit drawing rations
Questa copia sarà ritenuta dal reparto prelevante

WAR DEPARTMENT
Q. M. C. Form No. 534
Revised June 30, 1943

SHIPPING TICKET

SEP 11 1945

CONSIGNOR: BRITISH GOVERNMENT

BR. MED. No 149

DATE SHIPPED OR DELIVERED 19 MAY 1945

SHIP TO
ITALIAN GOVERNMENT

AUTHORITY OR REQ. No.

TRANSPORTATION COST OF \$

CHARGEABLE TO

P/A No.

QUANTITY		ARTICLE	UNIT	UNIT COST	TOTAL COST
ORDERED	SHIPPED				
	6650	Hepacrene	Tabls		
	33	Water Sterilising Pwdr	lb		
	1000	Taste Remover Tablets	No		
	240	Oresol	lb		
	12	Methylated Spirits	Gal		
	250	A.L. 63 Mk 11	lb		
	48	Meat Extract	lb		

The above figures are compiled from Forms ST 8 No U/5/4
No A/4/5

Per authority AFHQ Ltr. 400/105 DO. dated 22 Sept 44
The above items were shipped to the Italian Armed Forces
From 36 D.I.D.
To Italian Military
On 19 May 45

MAJOR GENERAL
MILITARY MISSION ITALIAN ARMY
ALLIED REPRESENTATIVE

3053

ARTICLES LISTED IN COLUMN "ORDERED" HAVE BEEN RECEIVED UNLESS
OTHERWISE NOTED IN COLUMN "SHIPPED"

CONSIGNEE'S VOL. No.
CONSIGNEE'S VOL. No.
NUMBER OF SHEETS

Requisition	W.S.P.	E.R.T.	Grade	Melts
6650	33 H	000	240 Lb.	12

AL63
250

mean interest
48.

RATIONS ISSUE NOTE
BUONO DI PRELEVAMENTO

MINIATURE FOREST SITE

4. Explain the difference between a function and a procedure.

Voucher No
of Issuing Depot
N° di Serie del
Magazzino cedente

6/2/01

2° PLOTONE MISTO

No. date

11

N. M. M.

Single Scale

Travelling

Hospital

4.5 cm

TYPE THREE

In Viaggio

Update

Single Scale

Travelling

Discussion

Line Union

148

Discussion

欲購從速

Amey 149

~~IL CASTANO~~
Comandante de Platoon

Firma di un Ufficiale
del Reparto Prelevante

Stadler

Conferma di un Ufficio
del Reparto Pieghevole

Firma del Consegnatario
del Magazine venduto

Figura 2. chi pratica
5. Un'idea

Dati di prelievo
delle analisi

This copy will
Quota copies to

cred to M. M. F. A.
gusta alla M. M. F. A.

OK you 8 to 12

R. E.

MRIA FORM ST/2

RATIONS ISSUE NOTE
BUONO DI PRELEVAMENTO

Voucher No.
of Unit Demanding
N° di Serie del
Reparto prelevante
Unit

Voucher No.
of Issuing Depot
N° di Serie del
Magazzino cedente

Reparto *Reparto Granfanti e Rifornimenti I.C.F. Finis.*
Rations for consumption from *15 Mayo* to *31 Mayo* No. days *16*
Razioni da consumarsi dal *15 Mayo* al *31 Mayo* N.° giorni

Ration Strength *10.000* Single Scale *Travelling* Hospital
Force da Vettovagliare *10.000* Tipo Unico *da Viaggio* Ospedale
Total Number Rations *Single Scale* Travelling
Numero Totale Razioni *Tipo Unico* da Viaggio Ospedale

Depot *36° British D.I.D.*
Magazzino

ITEM GENERE	QUANTITY QUANTITATIVO	ITEM GENERE	QUANTITY QUANTITATIVO	ITEM GENERE	QUANTITY QUANTITATIVO	ITEM GENERE	QUANTITY QUANTITATIVO
<i>Alfalfa</i>	<i>33</i>	<i>Trunks</i>	<i>1000</i>	<i>Cocoa</i>	<i>240</i>	<i>Butter</i>	<i>12</i>
<i>Alfalfa</i>	<i>250</i>	<i>Meal</i>	<i>48</i>	<i>Butter</i>	<i>149</i>		

Signature of Officer
of Unit Demanding

Firma di un Ufficiale
del Reparto Prelevante

Counter Signature of Officer
of Unit Demanding

Controfirma di un Ufficiale
del Reparto Prelevante

Signature of Officer
Commanding Issuing Depot

Firma del Comandante
del Magazzino cedente

Signature of Person taking
delivery of rations

Firma di chi preleva
le razioni

Date
razioni drawn

5051
prelevamento
dalle razioni

This copy to be retained by unit drawing rations.
Questa copia sarà ritenuta dal reparto prelevante

WAR DEPARTMENT
Q. M. C. FORM NO. 434
Rev. 1-1-42

SHIPPING TICKET

SEP 28 1945

CONSIGNOR: **BRITISH GOVERNMENT**

BR MHD No.148

DATE SHIPPED OR DELIVERED **June & August 44 - March - May 1945**

SHIP TO-

AUTHORITY OR REG. NO.

ITALIAN GOVERNMENT

TRANSPORTATION COST OF \$

CHARGEABLE TO

P.A. NO.

QUANTITY		STOCK NO.	ARTICLE	UNIT	UNIT COST	TOTAL COST
ORDERED	SHIPPED					
	25691		Anti mosquito cream	lbs		
	47000		Fly catchers	no		
	60		Prepared rat bait	lbs		
	5200		A.L. 63	lbs		
	226		Fumigating blocks	no		
	2100		Anti mosquito spray	gal		
	520		Meth spirits	gal		
	3680		Malarial	gal		
	1900		Paris green	lbs		
	158		Cimex blocks	no		
	16		Rat poison	lbs		
	180		Cresol solid	gal		

The above figures are compiled from Form ST8

Per authority AFHQ Ltr 400/105 DO. dated 22 Sept 44
The above items were shipped to the Italian Armed Forces
From - 114 D.I.D. R.A.S.C.
To - Ospedale Militare Principe Palermo
Date - June & Aug 44 - March - May 45

[Signature]
**MAJOR GENERAL
MILITARY MISSION ITALIAN ARMY
ALLIED REPRESENTATIVE**

5059

ARTICLES LISTED IN COLUMN "ORDERED" HAVE BEEN RECEIVED UNLESS OTHERWISE NOTED IN COLUMN "SHIPPED"

CONSIGNOR'S Vol. No.

CONSIGNEE'S Vol. No.

NUMBER OF SHEETS

(NAME)

(NAME)

(ORGANIZATION)

U. S. GOVERNMENT PRINTING OFFICE: 1942

From 114 D.S.D. RASC

To: Ospedale Militar
Principe, Palermo.

DR. MED. No. 145.

Date - June 1 Aug 44 - Mar - Apr - May - 65.

Anti Mosquito Coars 25691 lbs.

Flycatchers 47000 No.

Prepared Rat Bait 60 lbs.

A. L. 83 5200 lbs.

Fumigating Blocks 226 No.

Anti Mosquito Spray 2100 Galls.

Mach Sprink 520 Galls.

Maduroch 3680 Galls.

Paris Green 1900 lbs.

Paris Blocks 157 No.

Rat Poison 16 lbs.

Busoli Lelid 180 Galls.

RATIONS ISSUE NOTES
BUONO DI PRELEVAMENTO

MLA FORM 57/8

Voucher No. of Unit Awarding
No. di Serie del Reparto prelevante
Voucher No. of Issuing Depot
No. di Serie del Reparto
Distribuito

Principale, Portina
Ospedale Militare a Basamento Civile

Reporto
Rations for consumption from June 14 to
Rations consumed from 14 June 14 to 14 June 14
Ration Strength Single Male Travelling Hospital
Form of Rationing Ticket Type Union Ticket
Total Number Rations Single Male Travelling Hospital
Number Rations Issued Type Union Ticket
Depot

114 D.D. Base

ITEMS
Anti Mosquito Spray Calls 500
QUANTITY
QUANTITATIVO Malaria Calls 1430
ITEMS
Paris Green Calls 700
QUANTITY
QUANTITATIVO A.L. 63 Lbs. 600

La M. 143

ITEMS
Meth Spirits Calls 184
QUANTITY
QUANTITATIVO Prepared Rat Bait Lbs. 20
ITEMS
Cimex Bloats No. 5078
QUANTITY
QUANTITATIVO Anti Mosquito Cream Lbs. 1532
QUANTITY
QUANTITATIVO Flypaper No. 6000

[illegible]

114 D. J. D. Raso

Anti Mosquito Spray

500.

QUALITY
QUALITY
QUALITY

Call. 1430

Paula Green

4294 . . . 799

QUALITATIVE
QUANTITATIVE 44. 63

089
L.R.

Math 101

09.17.194

DATE PREPARED: 01/11/2010

20.

Chlorine 310 g/mol

50. 5(78)

Anti-Microbial Cream

1532

Methods

.....5000

[illegible]

RECEIVED OF OFFICE
FIRM AND COMMITMENT DEL
Nathan C. C.

Synthetic Landing Gear Synthetic Distribution,

Pard. fusca

11

THE CITY OF NEW YORK

• EFFECT OF TEMPERATURE ON THE RATE OF GROWTH OF *S. aureus* IN AQUEOUS MEDIA

quantities of water and oxygen are required for the process.

Total Number Rations	Single Soaks	Travelling	Hospital
Number Rations Issued	No. Unico	Al Viaggio	Ospedale
Dipartimento	Il 4 D.I.D. E.A.S.C.		
ITEM	QUANTITY	QUANTITY	QUANTITY
FLY CATCHERS	3000		
WASP POISON	15		
A.L. 63	600		
FLUORATING BLOCKS	64		
ANTI-MOSQUITO SPRAY	600		
MALARIAL	1500		
PARIS GREEN	700		
CHESOLA SOLID	80		

Signature of Officer *Luigi Antonio Satta* Firm of an Official
 of Unit Demanding del Reparto Prolevario
 Counter Signature of Officer del Reparto Prolevario
 of Unit Demanding
 Signature of Officer
 Commanding Issuing Depot
 Signature of person taking
 Delivery of Rations

Date of Prolevario
 This copy to be retained by Unit drawing rations.
 Questo copia da essere ritenuta dal reparto prolevario.

RAIONS ISSUE NOTE
BUONO DI PRELEVAMENTO

MODA FORM ST/3

Voucher No. _____
of Unit Demanding _____
No. di Serie del _____
Riparto prelevante _____
UNIT April 4th _____
Voucher No. _____
of Issuing Depot _____
No. di Serie del _____
Magazzino _____
Distribuzione _____

Riparto _____
Nations for consumption from _____
Razioni da consumarsi dal _____ al _____
Nations Strength _____
Person da rittroverliere _____
Total Number Rations _____
Numero Totale Razioni _____

Depot _____
Magazzino _____

114 D.I.D. RASZ

ITEM	QUANTITY	UNIT	REMARKS
Anti Mosquito Cream	9000	Lbs.	9000
QUANTITATIVE Flycatchers	12000	No.	12000
Prepared Rat Bait	12	Lbs.	10
QUANTITATIVE A.L. 55	500	Lbs.	500
Blocks Flamigating	50	No.	54
QUANTITATIVE Anti Mosquito Spray	700	Galls.	500
Meth Spirito	125	Galls.	124
QUANTITATIVE Malariaol	500	Galls.	500
QUANTITATIVE Paris Green	500	Lbs.	500

Signature of Officer _____
First of an Ufficio _____

#

RAIONS ISSUE HOTEL
BOMBO DI PELLEGRINATO

1934 FORM 57/8

Voucher No. 1
of Unit Describing
No. di Serie del
Riparto prolovento

Voucher No.
of Issuing Depot
No. di Serie del
Magazzino
Distribuzione

UNIT ~~CORRADALE MILITARE A RAZIONAMENTO CIVILE~~

Riparto ~~CARRATA~~

Rations for consumption from 22 MARCH, 45 to

Rations for consumption of of No. of Days

Ration Strength Single Ration Travelling Hospital

Form in Vetrovillare Form in Vetrovillare Ospedale

Total Number Rations Single Ration Travelling Hospital

Number of Rations Tipo Unico in Vetrovillare Ospedale

Depot 114 D.L.D. 2.4.5.0.

ITEMS 9000 lbs. 9000 X

QUANTITY 80 80 X

ITEMS 200 Calls. 100 X

QUANTITY 3000 lbs. 3000 X

ITEMS 100 Calls. 100 X

QUANTITY 100 100 X

ITEMS 5042

QUANTITY 5042

Signature of Officer

Staphylinus

M. W. Love et al's published list of names and dates of publication

WAR
Q. M.
RA
ARTMENT
OFFICE No. 424
Form No. 1947

SHIPPING TICKET

SEP 22 1945

CONSIGNOR: BRITISH GOVERNMENT

BR.MED.No.147

DATE SHIPPED OR DELIVERED December 1944 - March - April 1945

SHIP TO:-

ITALIAN GOVERNMENT

AUTHORITY OR REG. NO.

TRANSPORTATION COST OF £..... CHARGEABLE TO

P.A. No.

QUANTITY		STOCK NO.	ARTICLE	UNIT	UNIT COST	TOTAL COST
ORDERED	SHIPPED					
	25691		Anti mosquito cream	lbs		
	47000		Fly catchers	no		
	76		Rat bait	lbs		
	100		Cresol	gal		
	5200		A.L.CS	lbs		
	334		Cimax blocks	no		
	2100		Anti mosquito spray	gal		
	520		Meth spirits	gal		
	3680		Malariaol	gal		
	1900		Paris green	lbs		

Per authority AFHQ Ltr 400/105 DO. dated 22 Sept 44
 The above items were shipped to the Italian Armed Forces
 From - 114 D.I.D. R.A.S.C.
 To - Ospedale Militare Principe Palermo
 Date - Dec 44 - March - April 45

[Signature]
 MAJOR GENERAL
 MILITARY MISSION ITALIAN ARMY
 ALLIED REPRESENTATIVE

5043

ARTICLES LISTED IN COLUMN "ORDERED" OR "SHIPPED" ARE TO BE SHIPPED OR DELIVERED TO THE

CONSIGNOR'S VOL. NO.
 CONSIGNEE'S VOL. NO.
 NUMBER OF SHEETS

(NAME)

(NAME)

(NAME)

From - 114 D. W. RASC
 To - Department of Defense, Principal, Vietnam
 Date Recd 147 - Mar 145. Apr 145. Per Med 147.

Anti Mosquito Cream. 25691 lbs.

Fly attractant 47000 No

Rat Bait. 76 lbs.

Insoli 100 Gall

Anti 63. 5200 lbs

Linear Blocks. 384 No

Anti Mosquito Spray. 2100 Gall

Meth Spirit. 520 Gall.

Malaria 3680 Gall.

Ratio Green 1900 lbs

2007年 12月 25日

(continued) (see page 100) (see page 100)

[illegible]

DATA DELLA PRIMA OPERAZIONE 3-10-1945 DATA DELL'ULTIMA OPERAZIONE

30-33241-1315-

[illegible]

STATEMENTS OF OFFICE COMPLAINTS
AND OFFICE COMPLAINTS
AND OFFICE COMPLAINTS
AND OFFICE COMPLAINTS

[illegible]

5041

1. RECIPIENT $\phi_{A, B}^{\pm}$ and

THE UNIVERSITY OF CHICAGO PRESS

DATA ENTRY & REPORTING 1-608410-45 DATA ENTRY & REPORTING

30 April 1945

[illegible]

ALLEGATIONS OF CRIMINAL CONDUCT
 HAVE BEEN MADE AGAINST
 FIREFIGHTER SUPPLEMENTAL CERTAIN
 IN THE ACCUSED AREA

[illegible]

50

2000年12月

30 April 1975

RECEIPT NOTE
NOTA DI ACCETTAZIONE

UNIA FORM 87/3

SUPPLIES RECEIVED BY ITALIAN ARMED FORCES FROM ALLIED SOURCES)
(PER ARMI AVUTE DALLE FORZE ARMATE ITALIANE DA FONTI ALLIATE)

TRANSACTION REFERENCE

RIPIERIMENTO DI TRANSAZIONE

10

(Constitutes Acceptance Note Number)

(Costituisce il numero d'ordine di questa nota di accettazione)

SUPPLIES DISPATCHED TO

Parigi, Milano

MERCI INVIATE AL Ospedale Militare ~~esclusivamente civile~~ Genova

DATE OF FIRST DISPATCH

DATE OF LAST DISPATCH

DATA DELLA PRIMA SPEDIZIONE -1-giugno-44 DATA DELL'ULTIMA SPEDIZIONE

dicembre-31-1944

ITEM	UNIT	NO. OF UNITS ON LOADED	NET WT IN LBS PER UNIT	TOTAL NET WT IN LBS ON LOADED
MERCH	N. DEI COLLI CARICATI	PESO NETTO IN LBS. PER COLLO	TOTALE PESO IN LIBBRE CARICATO NETTO	
Methylated spirits			184 gallons	X
Malariol			2930 "	X
anti mosquito spray			3100 "	X
" " green			15332 - 14400	X
Paris Green			1400 libbre	X
A.L.63			1200 "	X
Plycatchers			14000 numbers	X
Rat Bait			36 libbre	X
Cloax blocks			342 numbers	X

[Signature]

SIGNATURE OF OFFICER COMMANDING
UNIA SERVICES DETACHMENT
PRIMA DELL'UFFICIALE COMANDANTE
IL DIS. ACCAMPAMENTO UNIA

5049

DATE
DATA

SUPPLIES DETACHED TO
 MESOI INVIATE AL Ospedale Militare e sussistente civile Catania

DATE OF FIRST DISPATCH
 DATA DELLA PRIMA SPEDIZIONE -1-giugno-44
 DATE OF LAST DISPATCH
 DATA DELL'ULTIMA SPEDIZIONE
 dicembre-11-1944

ITEM	UNIT	NO. OF UNITS	WTS WT IN	TOTAL NET WT LBS
MERON	COLLI	ON LOADED	LBS PER	ON LOADED
		N. DEI COLLI	UNIT	
		CARICATI	PESO NETTO	TOTALE PESO IN
			IN LBS.	LIBBRE CARICATO
			PER COLLO	NETTO
Methylated spirits			184 gallopi	X
malarial			2930 "	X
anti mosquito spray			1100 "	X
" "			15332 - 14000	X
Paris Green			1400 libbre	X
A.I. 63			1200 "	X
Plywood			14000 numero	X
Rail Nail			36 libbre	X
Ginex Blocks			142 numero	X

Be July 1947

SIGNATURE OF OFFICER COMMANDING
 MILIA SERVICES DETACHMENT
 PRIMA DELL'UFFICIALE COMANDANTE
 IL DISAGGIAMENTO MILIA

5049

DATE
 DATA

SIGNATURE OF OFFICER COMMANDING
 ITALIAN MILITARY DETACHMENT
 PRIMA DELL'UFFICIALE COMANDANTE
 IL DISAGGIAMENTO MILIA

DATE
 DATA

11-1944

Carling Street
#6

11945

ACCEPTANCE NOTE
NOTA DI ACCETTAZIONE

FORMA FORM 87/3

(FOR SUPPLIES RECEIVED BY ITALIAN ARMED FORCES FROM ALLIED SOURCES)
(PER MERCI AVUTE DALLE FORZE ARMATE ITALIANE DA FONTI ALLEATE)

TRANSACTION REFERENCE
RIFERIMENTO DI TRANSAZIONE 9

(Constitutes Acceptance Note Number)
(Costituisce il numero d'ordine di questa nota di accettazione)

SUPPLIES DETACHED TO
MERCI INVIALE AL Ospedale Militare e rianimazione civile Catania

DATE OF FIRST DISPATCH 1-maggio-1945 DATE OF LAST DISPATCH 31-maggio-1945
DATA DELLA PRIMA SPEDIZIONE 1-maggio-1945 DATA DELL'ULTIMA SPEDIZIONE 31-maggio-1945

ITEM	UNIT	N. OF UNITS	NET WT IN	TOTAL NET WT OR LOADE
		ON LOADED	LBS PER	
DESCR	COLLI	R. DEI COLLI	UNIT	TOTALE PESO IN LIBBRE
NAME:		CARICATI	PESO NETTO	CARICATO NETTO
NOTE:			IN LBS.	
			PER COLLO	

Antimesquite cream				1359 lbs.	X
Fly catches				12000 numbers	X
at Bait				30 lbs.	X
.L.63 insect Killer				500 lbs.	5034 X
Cinex blocks				108 numbers	X
Antimesquite spray				500 gallons	X
spirit meth				112 gallons	X
Kalarol				250 gallons	X

SIGNATURE OF OFFICER COMMANDING
MIA SECTION DETACHMENT
FIRMA DELL'UFFICIALE COMANDANTE
IL DISTACAMENTO MIA

DATE
DATA

SIGNATURE OF OFFICER COMMANDING
ITALIAN PORT DETACHMENT
FIRMA DELL'UFFICIALE COMANDANTE
IL DISTACAMENTO PORTUALE ITALIANO
Am. Hoffmann

DATE 31-maggio-1945
DATA 31-5-45

WAR DEPARTMENT
Q. M. C. Form No. 44
Revised June 20, 1942

SHIPPING TICKET

SEP 11 1945

CONSIGNOR: **BRITISH GOVERNMENT**

BR. MED. No 146

DATE SHIPPED OR DELIVERED **30 APRIL 1945**

SHIP TO
ITALIAN GOVERNMENT

AUTHORITY OR REQ. No. *64*

TRANSPORTATION COST OF \$

CHARGEABLE TO

P/A No.

QUANTITY		ARTICLE	UNIT	UNIT COST	TOTAL COST
ORDERED	SHIPPED				
	14	A. L. 63 Mk 41- -	lb		
	10	Water-Sterilising Pwdr	lb		
	21	Malariaol	Gal		
	14	Anti Mosquito Spray	Gal		
	175	Taste Remover Tablets	No		

The above figures are compiled from Form ST 8 No 114

Per authority AFHQ Ltr. 400/105 DO. dated 22 Sept 44
The above items were shipped to the Italian Armed Forces
From 11 D.I.D. - -
To Italian Military
On 30 Apr 45

5038

[Signature]
MAJOR GENERAL
MILITARY MISSION ITALIAN ARMY
ALLIED REPRESENTATIVE

ARTICLES LISTED IN COLUMN "ORDERED" HAVE BEEN RECEIVED UNLESS OTHERWISE NOTED IN COLUMN "SHIPPED"

L'ISPEZIONE

CONSIGNOR'S VOU. No.
CONSIGNEE'S VOU. No.
NUMBER OF SHEETS

AL 63

W.S.

material

am to by

14 lbs

10 lbs

21 galls

11 galls

T.R. Labs

175.

R. E.

RATIONS ISSUE NOTE
BUONO DI PRELEVAMENTO

Voucher No.
of Issuing Depot
N° di Serie del
Magazzino cedente

NAMIA FORM 518

570^a BATTAGLIONE " GUARDIA "
Ufficio Amministrazione

Voucher No.
of Unit Demanding
N° di serie del
Reperto prelevante

Unit
Reperto

Rations for consumption from
Razioni da consumarsi dal 1-5-1945 al 31-5-1945 N° giorni 21
Ration Strength
Forze da Vetrovagliare 400
Total Number Rations
Numero Totale Razioni 21400
Depot
Magazzino 11 D.I.D. Foss

No. days
N° giorni
Hospital
Ospedale
Hospital
Ospedale
Hospital
Ospedale

Disinfectant

ITEM GENERE	A.L. 63	Sterilizing powder for noses	M.B. Disinfectant	500g
QUANTITY QUANTITATIVO	144 lbs	10 lbs	10 lbs	10 lbs
ITEM GENERE	Cressol	Malaria	Anti-Mosquito Spray	Savon-antiseptique pâte 100g
QUANTITY QUANTITATIVO	144 lbs	10 lbs	14 Cans	145
ITEM GENERE				5035
QUANTITY QUANTITATIVO				
ITEM GENERE				
QUANTITY QUANTITATIVO				

Signature of Officer
Of Unit Demanding
Comptroller Signature of Officer
of Unit Demanding
Signature of Officer
Firma di un Ufficiale
del Reparto Prelevante
Controfirma di un Ufficiale
del Reparto Prelevante
Firma del Consegnatario

Depot

Magazzino 11 D.D. Rose

Disinfectants

ITEM GENERE	A.L. 63	Sterilizing powder for wound	17th Depot	Bar 5000
QUANTITY QUANTITATIVO	144 lbs	10 lbs		
ITEM GENERE	Cresol	Malaria	Anti-Mosquito Spray	Sanitary-disinfecting pills 4 R. 1000
QUANTITY QUANTITATIVO	144	21 Gals	124 Gals	175
ITEM GENERE				5035
QUANTITY QUANTITATIVO				
ITEM GENERE				
QUANTITY QUANTITATIVO				

Signed 156

Signature of Officer Of Unit Demanding	John P. F. L. L. L.	Firma di un Ufficiale del Reparto Prelevante
Counter Signature of Officer of Unit Demanded	John P. F. L. L. L.	Controfirma di un Ufficiale del Reparto Prelevante
Signature of Officer Commanding Issuing Depot	John P. F. L. L. L.	Firma del Comandante del Magazzino cedente
Signature of Person taking delivery of rations	John P. F. L. L. L.	Firma di chi preleva le razioni
Date rations drawn	30/4/45	Data di prelevamento delle razioni

This copy to be retained by issuing depot
Questa copia sarà ritenuta dal magazzino cedente

45717

Forma giornalliera

5000 Autogelione Guardia
10 Comp. Recupero Autogelioni
1000 200.20 A.P. 116 H16.

Totale 8° 700
L. 1000000

1000000
1000000

1000000
1000000
1000000

WAR DEPARTMENT
O. M. C. Form No. 374
Revised June 10, 1943

SHIPPING TICKET

SEP 11 1945

CONSIGNOR: BRITISH GOVERNMENT

BR. MED. No. 145

DATE SHIPPED OR DELIVERED

3 APRIL 1945

SHIP TO:

ITALIAN GOVERNMENT

AUTHORITY OR REQ. No.

TRANSPORTATION COST OF \$

F/A No.

CHARGEABLE TO

QUANTITY		ARTICLE	UNIT	UNIT COST	TOTAL COST
ORDERED	SHIPPED				
	16000	Anti Mosquito Cream	lb		
	10000	Flycatchers	do		
	1000	A.L. 63 Mk 11	lb		
	1000	Anti Mosquito Spray	gal		
	1000	Malariaol	gal		
	400	Orasol	gal		
	200	Methylated Spirit	gal		

The above figures are compiled from Form ST 8 No 218/26

Per authority AFHQ Ltr. -400/105 DO. dated 22 Sept 44
The above items were shipped to the Italian Armed Forces
From. 92 D.I.D.
To .. Ospedale Militare "Virgilio"
On . 3 Apr 45

5035

MAJOR GENERAL
MILITARY MISSION ITALIAN ARMY
ALLIED REPRESENTATIVE

ARTICLES LISTED IN COLUMN "ORDERED" HAVE BEEN RECEIVED UNLESS OTHERWISE NOTED IN COLUMN "SHIPPED"

LISPETTORE

CONSIGNOR'S VOL. No.
CONSIGNEE'S VOL. No.
NUMBER OF SHEETS

MIA FORM ST-3

RATIONS ISSUE NOTE
BUONO DI PRELEVAMENTO

Voucher No.
of Unit Demanding

N° di Serie del
Deposito cedente

Unit

Reparto **GRUPPO MILITARE**

1 VIRGILIO (Farmacia)

Voucher No.
of Issuing Depot
N° di Serie del
Magazzino cedente

218/26

Rations for consumption from

Razioni da consumarsi dal **1 Aprile**

to

al **30 Aprile**

No. days

N° giorni

30

Ration Strength

Single Scale

Travelling

Hospital

Forza da Vettovagliare

Tipo Unico

da Viaggio

Ospedale

Total Number Rations

Single Scale

Travelling

Hospital

Numero Totale Razioni

Tipo Unico

da Viaggio

Ospedale

Depot

Magazzino **92 D.I.D. ROMA**

ITEM GENERE	ORINA anti mazzara	ORISOLI	
QUANTITY QUANTITATIVO	1500000	gala 400	
ITEM GENERE	acchiappa mosche	spirito antilico	
QUANTITY QUANTITATIVO	N° 10000	gala 200	
ITEM GENERE	A.J. 63	malariai	5034
QUANTITY QUANTITATIVO	100 1000	gala 1000	
ITEM GENERE	liquido anti mazzara		
QUANTITY QUANTITATIVO	gala 1000		

Signature of Officer
of Unit Demanding

Prof. Giuseppe Longo

Firma di un Ufficiale
del Reparto Prelevante

Counter Signature of Officer
of Unit Demanding

Gen Col Renzo Amato

Contrassegno di un Ufficiale
del Reparto Prelevante

Signature of Officer
Commanding Issuing Depot

Amato

Firma del Comandante
del Magazzino cedente

Signature of Person taking
delivery of rations

Amato

Firma di chi preleva
le razioni

Date
razioni drawn

Data di prelievo
delle razioni

This copy to be retained by issuing depot
Questa copia sarà ritenuta dal magazzino cedente

Subject:- Hospital, Miscellaneous and Disinfectant
Supplies for Italian Armed Forces - May 45.

8/108

H.Q. Land Forces Sub Commission,
A.C. (M.M.I.A.)
C.M.F.

X/C
20/5

Herewith original copy of Form ST 8 in
respect of issues of Miscellaneous and Disinfectant Supplies.

Field,
21.5.45.
VB/lc.

Officer Commanding 92 Detail Issue Depot, R.A.S.C.

Capt. R.A.S.C.
R.A.S.C.

5033

WAR DEPARTMENT
O. M. C. Form No. 131
Revised June 10, 1942

SHIPPING TICKET

SEP 11 1945

CONSIGNOR: **BRITISH GOVERNMENT**

BR.MED.No 144

DATE SHIPPED OR DELIVERED **4 APRIL 1945**

SHIP TO: **ITALIAN GOVERNMENT**

AUTHORITY OR REQ. No.

TRANSPORTATION COST OF \$

CHARGEABLE TO

P/A No.

QUANTITIES		ARTICLE	UNIT	UNIT COST	TOTAL COST
ORDERED	SHIPPED				
	2465	Anti Mosquito Cream	lb		
	148	A.L.63 Mk 11	lb		
	140	Anti Mosquito Spray	Gal		
	784	Cresol	Gal		
	90	Water Sterilising Pwdr	lb		
	3096	Flycatchers	No		
	84	Paris Green	lb		
	10	Rat Bait	lb		
	1500	Taste Remover Tablets	No		
	30	Methylated Spirits	Gal		
	5	Izal	Gal		
	24	Blocks Pumigating	No		
	180	Malariaol	Gal		

The above figures are compiled from Form ST 8 No 67, No 69, No 49, No 81, No 72,

Per authority AFHQ Ltr. 400/105 DO. DATED 22 Sept 44
The above items were shipped to the Italian Armed Forces
From 71. D.I.D. -
To Italian Military
On 4 Apr 45

MAJOR GENERAL
MILITARY MISSION ITALIAN ARMY
ALLIED REPRESENTATIVE

5032

ARTICLES LISTED IN COLUMN "ORDERED" HAVE BEEN RECEIVED UNLESS OTHERWISE NOTED IN COLUMN "SHIPPED"

L'ISPETTORE GENERALE

CONSIGNOR'S VOL. No.
CONSIGNEE'S VOL. No.
NUMBER OF SHEETS

High Air Line	At 6'	At 10' Spray	At 10' Air	W. SP.	At 10' Air	At 10' Air
262 lbs	14 lbs	14 galls	10 galls	90 lbs	2880	84 lbs
90 lbs	5 lbs	5 galls	2 1/2 galls		200	
2250 lbs	120 lbs	120 galls	60 galls		16	
150 lbs	5 lbs	1 galls	5 galls			
13 lbs	1 lbs		1 galls			
<u>24 66</u>	<u>148</u>	<u>140</u>	<u>78 1/2</u>	<u>90</u>	<u>3096</u>	<u>84</u>
Infant Air Unit	At 10' Air	At 10' Air	At 10' Air	At 10' Air	At 10' Air	At 10' Air
10 lbs	1500	30 galls	5 galls	24	180 galls	

MEMORANDUM

SUBJECT: Shipping Tickets

LAND FORCES SUB COMMISSION
M.C. (M. M. I. A.) R O W E

Date

TO : War Ministry

Attached hereto for signature and return to this office are the following shipping tickets:

.....		
.....		
.....		
.....		
.....		

TOMMY T. ROWE, Major
for Major General
M. M. I. A.

TTR/ER

APPENDIX 'A'
ALLEGATO 'A'

MMIA FORM ST/8

**RATIONS ISSUE NOTE
BUONO DI PRELEVAMENTO**

Voucher No of
Unit demandig.
No di Serie del
Reparto Prelevante 03.08.1945
Unit. Gruppo 26.70 Paraglie
Reparto 67
Voucher No of
Issuing Depot.
No di Serie del
Magazzino cedente

Rations for consumption from
Razioni da consumarsi dal 10 aprile 1945 to al 30 aprile 1945 No days
No. dei giorni 30

Ration Strength
Forza da vettovagliare 700.00 Single Scale
Tipo unico -- Travelling
Da viaggio -- Hospital
Ospedale --

Total Number Rations
Numero totale razioni 21.000 Single Scale
Tipo unico -- Travelling
Da viaggio -- Hospital
Ospedale --

Depot
Magazzino 71 072

ITEM
GENERE Ante Moss Cream

QUANTITY
QUANTITATIVO 262

ITEM
GENERE AL 63

QUANTITY
QUANTITATIVO 14 5030

ITEM
GENERE A. Moss Cream

QUANTITY
QUANTITATIVO 14

ITEM
GENERE Cream

GENERE	AL 63	5030
QUANTITY	14	
QUANTITATIVO		
ITEM	A. M. G. G. G.	
GENERE		
QUANTITY	14	
QUANTITATIVO		
ITEM	Consegnato	
GENERE		
QUANTITY	10	
QUANTITATIVO		
ITEM		
GENERE		
QUANTITY		
QUANTITATIVO		
ITEM		
GENERE		
QUANTITY		
QUANTITATIVO		
ITEM		
GENERE		
QUANTITY		
QUANTITATIVO		
ITEM		
GENERE		
QUANTITY		
QUANTITATIVO		

Signature of Officer
 Of Unit Demanding
 Counter Signature of Officer
 Of Unit Demanding
 Signature of Officer
 Commanding Issuing Depot
 Signature of Persons taking
 delivery of rations
 Date ration
 draw

Firma di un Ufficiale del
 Reparto Prelevante.
 Controfirma di un Ufficiale del
 Reparto Prelevante.
 Firma del consegnatario del
 Magazzino cedente.
 Firma di chi preleva le
 razioni.
 Data di prelevamento delle
 razioni.

14-1-1950
 14-1-1950

ITEM

GENERE

QUANTITY
QUANTITATIVOITEM
GENEREQUANTITY
QUANTITATIVOITEM
GENEREQUANTITY
QUANTITATIVOITEM
GENEREQUANTITY
QUANTITATIVOITEM
GENEREQUANTITY
QUANTITATIVO

Signature of Officer
Of Unit Demanding
Counter Signature of Officer
Of Unit Demanding
Signature of Officer
Commanding Issuing Depot
Signature of Persons taking
delivery of rations
Date ration
draw

Firma di un Ufficiale del
Reparto Prelevante.
Controfirma di un Ufficiale del
Reparto Prelevante.
Firma del consegnatario del
Magazzino cedente.
Firma di chi preleva le
razioni.
Data di prelevamento delle
razioni.

This copy to be retained by unit drawing rations.
Questa copia sarà ritenuta dal reparto prelevante.

NOTE: This form (MMIA FORM ST-8) is provided by the ITALIAN ARMY for all Units.
Questo stampato (MMIA FORM ST-8) viene fornito dall'ESERCITO ITALIANO per tutte le unità.



APPENDIX 'A'
ALLEGATO 'A'

MMIA FORM ST/8

RATIONS ISSUE NOTE
BUONO DI PRELEVAMENTO

Voucher No of Unit demendig. No di Serie del Reparto Prelevante		Voucher No of Issuing Depot. No di Serie del Magazzino cedente	
Unit. Reparto		69	
Rations for consumption from Razioni da consumarsi dal		to al	
Ration Strength Forza da vettovagliare		Single Scale Tipo unico	
Total Number Rations Numero totale razioni		Single Scale Tipo unico	
Depot Magazzino		Travelling Da viaggio	
ITEM GENERE		Hospital Ospedale	
QUANTITY QUANTITATIVO		Travelling Da viaggio	
ITEM GENERE		Hospital Ospedale	
QUANTITY QUANTITATIVO		Travelling Da viaggio	
ITEM GENERE		Hospital Ospedale	
QUANTITY QUANTITATIVO		Travelling Da viaggio	
ITEM GENERE		Hospital Ospedale	
QUANTITY QUANTITATIVO		Travelling Da viaggio	
ITEM GENERE		Hospital Ospedale	

QUANTITY	5
QUANTITATIVO	
ITEM	
GENERE	A M Spray
QUANTITY	5
QUANTITATIVO	
ITEM	
GENERE	braccia
QUANTITY	24
QUANTITATIVO	
ITEM	
GENERE	
QUANTITY	
QUANTITATIVO	
ITEM	
GENERE	
QUANTITY	
QUANTITATIVO	
ITEM	
GENERE	
QUANTITY	
QUANTITATIVO	
ITEM	
GENERE	
QUANTITY	
QUANTITATIVO	

Firma di un Ufficiale del
Reparto Prelevante.
Controfirma di un Ufficiale del
Reparto Prelevante.
Firma del consegnatario del
Magazzino cedente.
Firma di chi preleva le
razioni.
Data di prelevamento delle
razioni.

Signature of Officer
Of Unit Demanding
Counter Signature of Officer
Of Unit Demanding
Signature of Officer
Commanding Issuing Depot
Signature of Persons taking
delivery of rations
Date ration
draw

This copy to be retained by unit drawing rations.
Questo copia sarà ritenuta dal reparto prelevante.

ITEM
GENERE

QUANTITY
QUANTITATIVO

ITEM
GENERE

QUANTITY
QUANTITATIVO

ITEM
GENERE

QUANTITY
QUANTITATIVO

ITEM
GENERE

QUANTITY
QUANTITATIVO

ITEM
GENERE

QUANTITY
QUANTITATIVO

Signature of Officer
Of Unit Demanding

Counter Signature of Officer
Of Unit Demanding

Signature of Officer
Commanding Issuing Depot

Signature of Persons taking
delivery of rations

Date ration
draw

Firma di un Ufficiale del
Reparto Prelevante.

Controfirma di un Ufficiale del
Reparto Prelevante.

Firma del consegnatario del
Magazzino cedente.

Firma di chi preleva le
razioni.

Data di prelevamento delle
razioni.

This copy to be retained by unit drawing rations.

Questa copia sarà ritenuta dal reparto prelevante.

NOTE: This form (MMIA FORM ST/8) is provided by the ITALIAN ARMY for all Units.

Questo stampato (MMIA FORM ST/8) viene fornito dall'ESERCITO ITALIANO per tutte le unità.



DISINFLATION'S Big Steps

Received on April 20, 1995

№ 41 серия 404
Действ. введено.....

CHAS. BROOK FIRM

... 040000 000000
b4 Top Secret
0000 000000 000000

807. *Worms, Bore, & Insecticide Book*..... 0.87

PAYMENTS FOR CONSUMPTION FROM.....	TO.....	DAYS.....
RENTALS OF TRACTORS AND MACHINERY.....	TO.....	DAYS.....
RENTALS OF CATTLE D.D.....	TO.....	DAYS.....

[illegible]

TOTAL NUMBER SLICONS 7 MAY 1964
 Tissue toxic regions.....
 44 PRATELINS VOSTRAI
 30 VIRGILIO OCTOBER

REPORT	91213
Keegan Inc.	

ITEM	QUANTITY
quantitativo	10
ITEM	QUANTITY
quantitativo	5

SIGNATURE OF OFFICER.....*Wm. H. Hays*.....VERMILION OFFICIAL
OF UNIT DEMANDING Copy - This Case per Station for info Dept. INS MEMPHIS ATTN:

COUNTER SIGNATURE OF OFFICER OF UNIT DEMANDING.....	CONTRASINISTRA DE UN OFICIAL DE UN OFICIAL DE UN
	DEL CUARTO PRIZIVANT

44-38861-1000

A circular stamp from the National Archives and Records Administration. The text "NATIONAL ARCHIVES AND RECORDS ADMINISTRATION" is arranged in a circle around the date "1964". The stamp is slightly faded and has a textured appearance.

R. E.

RATIONS ISSUE NOTE
BUONO DI PRELEVAMENTO

MMIA FORM ST/8

Voucher No.
of Unit Demanding
N° di Serie del
Reparto prelevanteUnit
RepartoVoucher No.
of Issuing Depot
N° di Serie del
Magazzino cedenteRations for consumption from
Razioni da consumarsi dal

to

No. days

at

N° giorni

Ration Strength

Single Scale

Travelling

Hospital

Forza da Vettovagliare

Tipo Unico

da Viaggio

Ospedale

Total Number Rations

Single Scale

Travelling

Hospital

Numero Totale Razioni

Tipo Unico

da Viaggio

Ospedale

Depot

Magazzino

ITEM GENERE	A. Macaroni		
QUANTITY QUANTITATIVO	150		
ITEM GENERE	A. L. 63		
QUANTITY QUANTITATIVO	8		
ITEM GENERE	Generali		
QUANTITY QUANTITATIVO	5		
ITEM GENERE	Hyphakers		
QUANTITY QUANTITATIVO	200		5027

Signature of Officer
of Unit DemandingCounter Signature of Officer
of Unit DemandingSignature of Officer
Commanding Issuing DepotSignature of Person taking
delivery of rationsDate
rations drawnFirma di un Ufficiale
del Reparto PrelevanteControfirma di un Ufficiale
del Reparto PrelevanteFirma del Comandante
del Magazzino cedenteFirma di chi preleva
le razioniData di prelievo
delle razioniThis copy to be retained by issuing depot
Questa copia sarà ritenuta dal magazzino cedente

1111A FOR: ST/8

Voucher No.
of Issuing Depot
No di serie del
Magazzino cedente.....

12

R. 3. RATIONS ISSUE NOTE
BIANO DI PRELEVAMENTO

Voucher No.
of Unit Demanding
No di Serie del
Rapporto Prelevamento.....

28

Unit
Rapporto.....
Rations for consumption from.....
Rationi di consumo dal.....
Ration Strength.....
Forza di Vettovagliamento.....
Total Number Rations.....
Numero Totale Razioni.....

No. days.....
No. giorni.....
Traveling.....
da viaggio.....
Traveling.....
da viaggio.....
Hospital.....
Ospedale.....

Depot
Destinazione.....
ITF
Cessione.....
QUANTITY
QUANTITA.....

Andreas Brenner A M Howard

13
1 gal

4 Flycatcher
16
ALB 3

1
5025

1 gal

Signature of Officer
of Unit Demanding.....
Signature of Officer
of Unit Demanding.....
Signature of Officer
of Unit Demanding.....
Signature of Officer
of Unit Demanding.....

Signature of Officer
of Unit Demanding.....
Signature of Officer
of Unit Demanding.....
Signature of Officer
of Unit Demanding.....
Signature of Officer
of Unit Demanding.....

A circular stamp from the National Bureau of Standards, U.S. Department of Commerce. The text 'NBS-340' is handwritten in the center, and '1960' is handwritten at the bottom. The stamp is slightly faded and has a textured appearance.

WAR DEPARTMENT
Q. M. C. Form No. 131
Revised June 20, 1943

SHIPPING TICKET

SEP 11 1945

CONSIGNOR: BRITISH GOVERNMENT

BR. MED. No 143

DATE SHIPPED OR DELIVERED 17 FEBRUARY 1945

SHIP TO:
ITALIAN GOVERNMENT

AUTHORITY OR REQ. No. 642

TRANSPORTATION COST OF \$

CHARGEABLE TO

T/A No.

QUANTITY		ARTICLE	UNIT	UNIT COST	TOTAL COST
ORDERED	SHIPPED				
	975	A.L. 63. Mk 11	lb		
	20	Rat Bait	lb		
	216	Blocks Fumigating	No		
	228	Methylated Spirits	Gal		
	2720	Cresol Solid	lb		
	30	Water Sterilizing Pwd	lb		
	500	Taste remover Tablets	No		
	4	N. Cyllin	Gal		

The above figures are compiled from Forms SF 8 No. Ital 17/2,
No. Ital 2/20/3

Per authority AFHQ Ltr.-400/105 DO. dated 22 Sept 44

The above items were shipped to the Italian Armed Forces

From 6 B.S.D.

To Italian Military

On 17 Feb 45

[Signature]
MAJOR GENERAL
MILITARY MISSION ITALIAN ARMY
ALLIED REPRESENTATIVE

5025

ARTICLES LISTED IN COLUMN "ORDERED" HAVE BEEN RECEIVED UNLESS
OTHERWISE NOTED IN COLUMN "SHIPPED"

CONSIGNEE'S VOL. No.
CONSIGNEE'S VOL. No.
NUMBER OF SHEETS

5024

MEMORANDUM

SUBJECT: Shipping Tickets

LAND FORCES SUB COMMISSION
A.C. (M. M. I. A.) R O S E

Date

TO : War Ministry

Attached hereto for signature and return to this office are the following shipping tickets:

.....		
.....		
.....		
.....		
.....		

TTR/mg

TOMMY T. ROSE, Major
for Major General
M. M. I. A.

R. E.

UNEX FORM 804

RATIONS ISSUE NOTE
BUONO DI PRELEVAMENTOVoucher No.
of Issuing Depot
N. di Sede del
Reparto prelevanteITAL
7/12Unit
RepartoCOMANDO 228^a DIVISIONE

I. F. A. H.Q.

Rations for consumption from
Rationi da consumare dal

Ration strength

Forza da rifornire

Total Number Rations

Somma Totale Razioni

Depot

Magazzino

6 B.S.D. RASC

ITEM
GENERE

A.L. 63

Kot. Baie

Poches
Fumjering.Methylated.
Spirits.QUANTITY
QUANTITATIVO937 1/2
1000 lbs.20
25 lbs.

200 216

216 lbs.

ITEM
GENERECressi
SolidiQUANTITY
QUANTITATIVO600 lbs.
2600 lbs.ITEM
GENEREQUANTITY
QUANTITATIVOITEM
GENEREQUANTITY
QUANTITATIVOSignature of Officer
of Unit DemandingCounter Signature of Officer
of Unit Demanding

Signature of Officer

Commanding Issuing Depot

Signature of Person taking
delivery of rations

Date

rations drawn

Ten. J. M. M. M.

Ten. J. M. M. M.

Ten. J. M. M. M.

Ten. J. M. M. M.

17/12/45

Firma di un Ufficiale
del Reparto prelevanteControfirma di un Ufficiale
del Reparto PrelevanteFirma del Comandante
del Magazzino cedenteFirma della persona
in caricaFirma del prelevante
delle razioni

5023

This copy to be retained by unit drawing rations
Questa copia sarà ritenuta dal reparto prelevante

M.M. A. FOMEN-ST...

Voucher No. 1742
of Testing Dept.
N° di Serie del
Magnifying evidence 2/20/3

Rations for consumption from	to	No. days
Razioni da consumarsi dal 1° Febbraio 1945	al 15 febbraio 45	N.° giorni 15

Hospital
Cape VerdeHospital
Opedule

6.553 R45C

Byrne 143

Firma di un Ufficiale
del Reparto Prelevante

Controllore di un Ufficiale del Reparto Pesante

Firma del Consignatario
del Megarion, redente

Virtù di chi preleva
le ragioni.

Data di perfezionamento
delle ragioni

5422

N. Her Pn	3	1	9
ALB	2	14	7
T. L. To L		1	0
Local Ocean	5	15	6
N. E. Pn	1	-	2
North Lp	2	6	3
	14	19	3

DEL COMANDO IN CHIEF
 DELLA FORZA ARMATA ITALIANA
 IL CAPO
 DEL COMANDO IN CHIEF

WAR DEPARTMENT
O. M. C. Form No. 111
Revised June 10, 1942

SHIPPING TICKET

SEP 11 1945

CONSIGNOR: BRITISH GOVERNMENT

BR. MED. No 142

DATE SHIPPED OR DELIVERED 1 APRIL 1945

SHIP TO

ITALIAN GOVERNMENT

AUTHORITY OR REQ. No.

TRANSPORTATION COST OF \$

CHARGEABLE TO

P/A No.

QUANTITY		ARTICLE	UNIT	UNIT COST	TOTAL COST
ORDERED	SHIPPED				
		4. 1/4 Water Sterilizing Padr	lb		
		67 Taste Remover Tablets	No		
		12 1/2 A.L. 63-Mk 11	lb		
		9.5/8 Cresol	Gal		
		7 Flycatchers	No		
		1/4 Anti Mosquito Spray	Gal		

The above figures are compiled from Form ST 8 No I.V.1/26,
No I.V.1/10, No I.V.1/4, No I.V.1/41, No I.V.1/5

Per authority AFHQ Ltr.-400/105 DO. dated 22 Sept 44
The above items were shipped to the Italian Armed Forces
From 205 (Ind)-D.I.D.
To Italian Military
On 1 Apr 45

MAJOR GENERAL
MILITARY MISSION ITALIAN ARMY
ALLIED REPRESENTATIVE

5021

ARTICLES LISTED IN COLUMN "ORDERED" HAVE BEEN RECEIVED UNLESS
OTHERWISE NOTED IN COLUMN "SHIPPED"

LISPETTORE GENERALE

CONSIGNOR'S VOL. No.

CONSIGNEE'S VOL. No.

NUMBER OF SHEETS

5029

MEMORANDUM

SUBJECT: Shipping Tickets

LAND FORCES SUB COMMISSION
A.G. (M. M. I. A.) R O M E

Date

TO : War Ministry

Attached hereto for signature and return to this office are the following shipping tickets:

.....		
.....		
.....		
.....		
.....		

TTR/mg

TOMMY T. ROSE, Major
for Major General
M. M. I. A.

R. E.

 RATIIONS ISSUE NOTE
 BUONO DI PRELEVAMENTO

MASA FORM 575

 Voucher No.
 of Unit Demanding
 N° di Serie del
 Reparto prelevante

Unit

Reparto

Rations for consumption from

Razioni da consumarsi da

Ration Strength

Forza da Vettovagliere

Total Number Rations

Numero Totale Razioni

Depot

Magazzino

 Voucher No.
 of Issuing Depot

N° di Serie del

Magazzino cedente

No. days

N. giorni

Single Scale

Tipo Unico

Single Scale

Tipo Unico

Travelling

da Viaggio

Travelling

da Viaggio

Hospital

Ospedale

Hospital

Ospedale

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 Signature of Officer
 of Unit Demanding

 Counter Signature of Officer
 of Unit Demanding

 Signature of Officer
 Commanding Issuing Depot

 Signature of Person taking
 delivery of rations

 Date
 rations drawn

 Firma di un Ufficiale
 del Reparto Prelevante

 Contrassegno di un Ufficiale
 del Reparto

 Firma del Conseggiatore
 del Magazzino cedente

 Firma di chi preleva
 le razioni

 Data di prelevamento
 delle razioni

 This copy to be retained by issuing depot
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R. E.

 RATIONS ISSUE NOTE
 BUONO DI PRELEVAMENTO

MMIA FORM STB

 Voucher No.
 of Unit Demanding
 N° di Serie del
 Reparto prelevante

68

INDEBT FOR MEN AND DIS.

 Voucher No.
 of Issuing Depot
 N° di Serie del
 Magazzino cedente

IV 1/16

 Unit No 124 Indian Pioneer COMPANY
 Reparto

 Rations for consumption from 1 April to 30 April No. days 30
 Razioni da consumarsi dal al N. giorni

 Ration Strength Single Scale Travelling Hospital
 Forza da Vettovagliare 216 Tipo Unico da Viaggio Ospedale
 Total Number Rations Single Scale Travelling Hospital
 Numero Totale Razioni Tipo Unico da Viaggio Ospedale

 Depot 205 (IND) D.I.D. P.I.S.C.
 Magazzino

ITEM GENERE	A 1 55 powder	Latrine Paper	Grills creed 1 bps	
QUANTITY QUANTITATIVO	4	—	2	
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QUANTITY QUANTITATIVO				
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QUANTITY QUANTITATIVO				
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QUANTITY QUANTITATIVO				

 Signature of Officer
 of Unit Demanding

K. K. K. Capt.

 Firma di un Ufficiale
 del Reparto Prelevante

 Counter Signature of Officer
 of Unit Issuing

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 del Reparto prelevante

 Signature of Officer
 Commanding Issuing Depot

Capt. No. 205 Indian D.I.D.

 Firma del Comandante
 del Magazzino

 Signature of Person taking
 delivery of rations

B. B. B. B. B.

 Firma di chi preleva
 le razioni

 Date
 rations drawn

1/4/45

 Data di prelevamento
 delle razioni

 This copy to be retained by unit drawing rations
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5017

Coord. No. 2456 Letter 519

Subject
 The Columbia Gas. Co. of Ind. Inc. R 1857
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Journal of the American Statistical Association
Vol. 100, No. 471, December 2005
Published by the American Statistical Association
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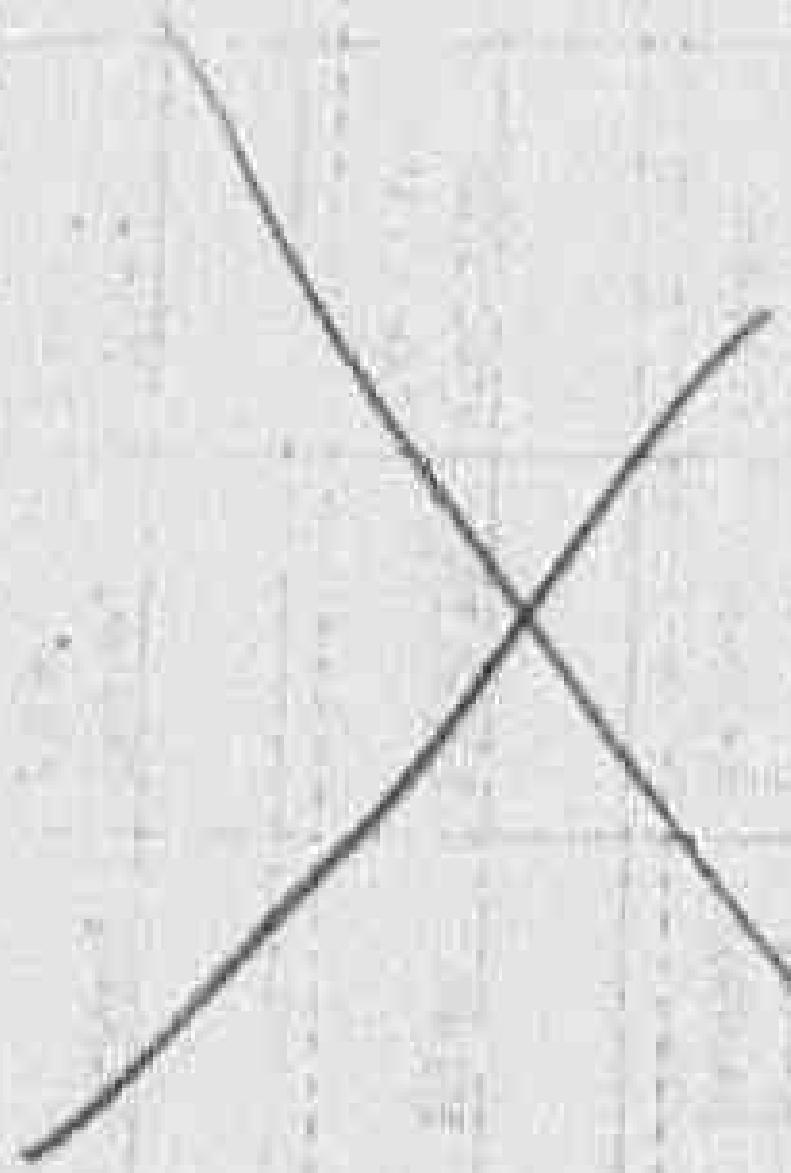
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DATE 11/9/95
DATE OF PRODUCTION OF THE MATERIAL

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205(IND) D.1.D R.I.A.S.C



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INSURGENT CUBA AL63

1 1/2 gals 3

5015

Washington
to *Handwritten signature*
Comd. No. 205 Indian DLQ

Handwritten signature

1/4/45

Small handwritten text at the bottom right

WAR DEPARTMENT
O. M. C. Form No. 434
Revised June 10, 1942

SHIPPING TICKET

SEP 11 1945

CONSIGNOR: BRITISH GOVERNMENT

BR. MED. No 141

DATE SHIPPED OR DELIVERED 2 APRIL 1945

SHIP TO:

ITALIAN GOVERNMENT

AUTHORITY OR REQ. No

TRANSPORTATION COST OF \$

CHARGEABLE TO

P/A No

QUANTITY		ARTICLE	UNIT	UNIT COST	TOTAL COST
ORDERED	SHIPPED				
	22	Water Sterilizing Pwdr	lb		
	6	Taste Remover Tablets	No		
	14	Isal	Pints		
	27	A.L. 63-Mk 11	lb		
	16	Cresol	Gal		
	36	Methylated Spirits	Gal		
	738	Soap Italian	lb		

The above figures are compiled from Forms ST 8 No 102,
No 107, No 99, No 106, No 92, No 108, No 112

Per authority AFHQ Ltr. -400/103 DO. dated 22 Sept 44
The above items were shipped to the Italian Armed Forces
From 11 D.I.D. - -
To Italian Military
On 2 Apr 45

MAJOR GENERAL
MILITARY MISSION ITALIAN ARMY
ALLIED REPRESENTATIVE

5014

ARTICLES LISTED IN COLUMN "ORDERED" HAVE BEEN RECEIVED UNLESS
OTHERWISE NOTED IN COLUMN "SHIPPED"

CONSIGNOR'S VOL. No.
CONSIGNEE'S VOL. No.
NUMBER OF SHEETS

WEE	T.A. Tals	Gal	At 63	Lucas	10.10	Loop Hal
14 lbs	60	2 pint	5 lbs	2 1/2 gall	9 pint	123 lbs
8 lbs	50	3 pint	14 lbs	2 Gall	9 pint	119 lbs
4 lbs	56	3 pint	5 lbs	2 Gall	8 pint	120 lbs
3 lbs	56	8 pint	14 lbs	2 1/2 Gall	1 Gall	115 lbs
14 lbs	64 lbs	2 pint	14 lbs	2 Gall	9 pint	123 lbs
14 lbs		2 pint	5 lbs	2 1/2 Gall		137 lbs
22	6	14	27	14	36	728

Ration Issue Note

Value No. of
Issued Inpdt
- 102

Value No. of
Unit Issued - 2

UNIT 132 J.P.C.

Consumption - April - 30 April
No of days. 30

Byrd 141

Strength 200.
Ref Rations 6900.
Depot 11 D 1 D (RATED)

Item	Weight	Unit	Unit	Unit	Unit
Quarrels	44 lbs	88 lbs	60	2 pinto	
Item	Explosives AL 63	any type of Amm			
Quarrels	40	5 lbs	20 lbs		
Item	Explosives	any type of Amm			
Quarrels	9 pinto	7 pinto	3 1/2 pinto		
Item					
Quarrels					

5012

Fig. of 5012 of unit and
Fig. of 5012 of unit and
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Fig. of 5012 of unit and

Consumption - 10 April - 30 April

No of days 20

Strength 200.

No of Rations 6900.

Depot 11 D 12 (R) 12

By post 141

Item	Quantity	Unit	Particulars	Unit
Quantities	44 lbs	88 lbs	60	2 pints
Item	Expenditure	AL 63	Amalgamated Chemicals	
Quantities	110	5 lbs	Expenditure	2 1/2 pints
Item	Expenditure	Expenditure	Expenditure	
Quantities	9 pints	7 1/2 pints	3 1/2 pints	125 lbs
Item				
Quantities				5012

By of Off of Unit Army
 By of Off of Unit Army
 By of Officer 1/2 Bureau of Dep
 By of Person taking habits
 Date drawn



OK for [Signature]

MSHA FORM 5110

Voucher No. _____
of Unit Elencoading
No di Serie del
Reparto prelevante

255/98
255 Coy I.F.

Voucher No.
of Issuing Depot
No. di Serie del
Magazzino cedente / 207

4/5/95

Figure 1

30/4/40

No. days
N.º dias

31 f

Single Scale
Tipo Unico

Travelling
da Viggio

Hospital
Ospedale

Single Scale
Tipo Unico

Travelling
da Viaggio

Hospital
Ospedale14. $\mathcal{D} \times \mathcal{D}$

(Type & Dis.)

ITEM GENRE	Crescent	Paper Sacks	Soap Vial
QUANTITY QUANTITATIVO	2 Gall		119 lbs
ITEM GENRE	1200 3 pinto	/ //	
QUANTITY QUANTITATIVO			
ITEM GENRE	High Mountain Spring		141
QUANTITY QUANTITATIVO			
ITEM GENRE	High Mountain Spring		
QUANTITY QUANTITATIVO			

Bij nat. Calo
 Sur. Inuit's Inuit

Rev. Mr. Hunt's Friends

H. Howard

2/4/45

Conferma di un Ufficiale
del Reparto per la carta

5011

5

Data di perfezionamento
delle tariffe ☒

This copy to be retained by unit drawing rations
Questa copia sarà ritenuta dal reparto prelevante

COM. I / 401 RG

APPENDIX 'A'

IMIA FORM ST-8

RATIONS ISSUE NOTE BUONO DI PRELEVAMENTO

Voucher No. of Unit demanding
 N. di Serie del
 Reparto prelevante 42

Voucher No. of Issuing Depot
 N. di Serie del
 Magazzino cedente 77

Unit
 Reparto 109 Italian Power Coy

Rations for consumption from
 Razioni da consumarsi dal 17/4 to 30/4 No. days
 al 30 No. giorni 30

Ration Strength
 Forza da Vettovagliare 215 Single Scale
 Tipo Unico Travelling Hospital
 da Viaggio Ospedale

Total Number Rations
 Numero Totale Razioni Single Scale
 Tipo Unico Travelling
 da Viaggio Ospedale

Depot
 Magazzino H B I D

Item
 Genere W S P H. B. P. Paper
 Quantity 15
 Quantitativo 15

Item
 Genere High Military
 Quantity 4
 Quantitativo 4

Item
 Genere T R T Cigarettes

Quantity 50
 Quantitativo 50

Item
 Genere Fly Cigarettes

Quantity 96
 Quantitativo 96

Signature of Officer
 of Unit demanding

Counter Signature of Officer
 of Unit demanding

Signature of Officer
 Commanding Issuing Depot

Signature of Persons taking
 delivery of rations

Date rations
 drawn 2/4/45

Firma di un Ufficiale del
 Reparto prelevante 5019

Controfirma di un Ufficiale
 del Reparto Prelevante

Firma del Consegnatario
 del Magazzino cedente

Firma di chi preleva le ra-
 zioni

Data di prelevamento delle
 Razioni

This copy to be retained by unit drawing rations.
 Questa copia sarà ritenuta dal reparto prelevante

NOTE. This form (Mil. FORM ST-8) is provided by the ITALIAN ARMY for all Units.

APPENDIX B

SCALE OF ISSUE

The scale on which supplies will be issued is as follows:

Part (A)

Commodity

ozs per man
per day

Commodity

Ozs per man per day

Flour	12
Peas and Beans Dried	2
Meat Preserved	3
or	
Fish Tinned	3
Cheese	1
Sugar	1
Macaroni	3
Rice	1
Veg. Dehydrated	1
Catsup	1/2
or	
Tomato paste	1/2
Coffee	1/2
Pepper	1/200
Matches per 7 rations	1 box (small) or 2 books (commercial type)

Part (B) (1) Fruit Fresh

4 ozs per man per day

Veg Fresh

8 " " " " "

(2) Olive oil

1 " " " " "

Nuts

1/2 " " " " "

Salt

1/2 " " " " "

Wine

1/2 litre " " " " "

NOTE: (1) This tinned will only be issued as an alternative when Meat Preserved is not available.

(2) Under no circumstances will any cigarettes other than Cigarettes Italian be issued to Italian troops. Italian cigarettes are not actually part of the scale but will be issued at a scale of 1/2 ozs per man per week depending on availability as received through the Italian War Ministry upon whom the responsibility of provisioning rests.

"DISINFECTANTS & MISCELLANEOUS"
MONTH OF "APRIL" 141

APPENDIX "A."

RATION ISSUE NOTE BUONO DI PRELEVAMENTO

MMILA FORM ST/8

Voucher No. of
Unit demanding.
N. di Serie del
Reparto prelevante

Voucher No. of
Issuing Depot
No. di Serie del
Magazzino cedente

82

106

Unit
Reparto 257. ITAL. PNR. COY.

Ration for consumption from

Razioni da consumarsi dal

No days
No. giorni

Ration Strength

Single Scale

Travelling

Hospital

Forza da vettovagliare

Tipo Unico

di viaggio

Opedale

Total Number Rations

Single Scale

Travelling

Hospital

Numero Totale Razioni

Tipo Unico

di viaggio

Opedale

Depot

Magazzino

No days

Opedale

ITEM

GENERI • Antiparasitic Cream 12.01 Flycatchers

QUANTITY

QUANTITATIVO

3 pints

ITEM

GENERI 44.63 Anti-typhoid serum CRESOLI

QUANTITY

QUANTITATIVO 5 lbs

23 quarts

ITEM

GENERI 14511.000000 Soap

QUANTITY

QUANTITATIVO 9 pints

ITEM

GENERI 14511.000000 TASTE RECOVER TABLETS

QUANTITY

QUANTITATIVO 12 lbs

56 lbs

Signature of Officer
of Unit demanding

Signature of Officer
CAPT. J. Cunningham

Firma di ufficiale del
Reparto prelevante

Contra signature of Officer

Contra signature of Officer

Contra firma di un Ufficiale

M. D. 1. D.

2016

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445 p. 102

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257 ITALIAN PIONEER COY.

This copy is to be retained by unit drawing rationale
Questa copia sarà ritenuta dal reparto prolevario

NOTE: The form (NMIA FORM ST/8) is provided by the ITALIAN ARMY for all Units.

COM. I / 401 RGT.

APPENDIX A

IMIA FORM ST-8

RATIONS ISSUE NOTE
BUONO DI PRELEVAMENTO

DISINFECTANT & MISCELLANEOUS

Voucher No. of Unit demanding

N. di Serie del

Reparto prelevante 107/2/1

Voucher No. of Issuing Depot

N. di Serie del

Magazzino cedente 92

Unit

Reparto 107. MARIAN PAR COY.

Rations for consumption from

Razioni da consumarsi dal

1st APRIL

to

al 30th APRIL

No. days

No. giorni 30

Ration Strength

Forza da Vettovagliare 210

Single Scale

Tipo Unico

Travelling

da Viaggio

Hospital

Ospedale

Total Number Rations

Numero Totale Razioni 6200

Single Scale

Tipo Unico

Travelling

da Viaggio

Hospital

Ospedale

Depot

Magazzino S. H. D. I. D.

Item

Genere WATER STERILIZED & POWDER - 1 GAL - FLY-CATCHERS

Quantity

Quantitativo 3 lbs

2 pints

Item

Genere A.L. 63 - CRESOL - METHYLATED SPIRITS

Quantity

Quantitativo 4 lbs

2 galls

8 Pints

Item

Genere Anti-Mosquito SPS-4

Quantity

Quantitativo Soap 1 Gal

Item

Genere 115 lbs

Quantity

Quantitativo

Signature of Officer

of Unit demanding

Counter Signature of Officer

of Unit demanding

Signature of Officer

Commanding Issuing Depot

Signature of Persons taking

delivery of rations

Date rations

drawn

Firma di un Ufficiale di

Reparto prelevante

Controfirma di un Ufficiale

del Reparto Prelevante

Firma del Consegnatario

del Magazzino cedente

Firma di chi preleva le ra-

tioni

Data di prelevamento delle

Razioni

This copy to be retained by unit drawing rations

Questa copia sarà ritenuta dal reparto prelevante

NOTE. This form (Mil. FORM ST-8) is provided by the ITALIAN ARMY for all Units.

UNITA FORM 32/E

A.3.
Ratione Issue Note
Buono di prelievo

Voucher N°
Issuing Depot
N° di serie del
Reperto prelevato. 146/74 108

Unit
Reperito 146 Compagnia Donnici, 30

Ratione Strada 203
Ratione da consumarsi dal 1/4/45 al 30/4/45 30
Ratione strada 203
Ratione da consumarsi dal 1/4/45 al 30/4/45 30
Ratione strada 203
Ratione da consumarsi dal 1/4/45 al 30/4/45 30

Depot
Ratione strada 203

ITEM	QUANTITY	DESCRIPTION	UNIT	REMARKS
1	1	CRACKER	1/2 lb	REMARKS
2	1	WATER SUPPLY	1 lb	REMARKS
3	1	POWDER	1 lb	REMARKS
4	1	CREAM	1 lb	REMARKS
5	1	BAT BAIT	1 lb	REMARKS
6	1	CRACKER	1 lb	REMARKS
7	1	WATER SUPPLY	1 lb	REMARKS
8	1	POWDER	1 lb	REMARKS
9	1	CREAM	1 lb	REMARKS
10	1	BAT BAIT	1 lb	REMARKS
11	1	CRACKER	1 lb	REMARKS
12	1	WATER SUPPLY	1 lb	REMARKS
13	1	POWDER	1 lb	REMARKS
14	1	CREAM	1 lb	REMARKS
15	1	BAT BAIT	1 lb	REMARKS
16	1	CRACKER	1 lb	REMARKS
17	1	WATER SUPPLY	1 lb	REMARKS
18	1	POWDER	1 lb	REMARKS
19	1	CREAM	1 lb	REMARKS
20	1	BAT BAIT	1 lb	REMARKS

Signature of Officer
of unit commanding
Counter signature of Officer
of unit commanding
Signature of Officer
of unit commanding
Signature of Officer
of unit commanding

11-11-11

Signature of Officer
of unit commanding.....
Counter signature of Officer
of unit commanding.....
Signature of Officer
commanding receiving Depot.....
Signature of Depot Officer
Delivery of rations.....
Date rations

W. Stenhouse

Visitors to our
Learning Center
in the Davis

.....

11 4-20-11
FNCB

2/24 3 per. carbon 210X

Question	For consideration from	to	days
Resident in community	1-4-45	1	30-4-45
			30

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Farm to Village		School	do village	Catholic

Total Member Holdings	Single Pool	Resolving	Reposit
Number of Members	7500	da Vinci	Corps de
Total Holdings	7500	da Vinci	Corps de

W.S.P.D.K
D.I.D. R.H.S.C.
T.R. TABS.
FLYCATTERS

749 cap 4

11-1-63
F/MOS SPRAY
KETH SPIRITS

1901
C
ATTORNEY

PARIS GREEN
H/MS. CREAM
IZPINKA

100

② RESOL
MELEROL

Scap Top

STATION NAME OF OFFICER IN CHARGE: 134671 134671 134671

• add a new card to an existing business card

1. The first part of the document is a list of names and their corresponding addresses. The names are listed in a column on the left, and the addresses are listed in a column on the right. The names are: John Doe, Jane Smith, and Bob Johnson. The addresses are: 123 Main St, 456 Elm St, and 789 Oak St.

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Section 101
Inventory of National Archives

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Signature of Officers of Unit demanding.....	1928/11/11	Firma di un Ufficiale Rapporto prelevato.
Commander Signature of Officers of Unit demanding.....		Comandante di un Ufficiale Rapporto prelevato.
Signature of Officers Commanding issuing D. of.....		Paro del comandante Rapporto prelevato.
Signature of persons taking delivery of ration.....		Paro del personale Rapporto prelevato.
Note ration drawn?.....		Paro di chi prende la rapporto prelevato.

• WITH THE NEW SYSTEM AND REPAIRS OF (2/20) 11-04. THE NEW SYSTEM IS BEING USED.

WAR DEPARTMENT
D. M. C. Form No. 114
Revised June 10, 1942

SHIPPING TICKET

SEP 11 1945

CONSIGNOR: **BRITISH GOVERNMENT**

BR.MED. No 140

DATE SHIPPED OR DELIVERED

2 APRIL 1945

SHIP TO

ITALIAN GOVERNMENT

AUTHORITY OR REQ. No.

TRANSPORTATION COST OF \$

C/A No.

CHARGEABLE TO

QUANTITY		ARTICLE	UNIT	UNIT COST	TOTAL COST
ORDERED	SHIPPED				
		19 Water Sterilizing Pwdr	lb		
		305 Taste Remover Tablets	No		
		10 Isal	Pints		
		25 A.L.63. Mk 11	lb		
		10 Cresol	Gal		
		42 Methylated Spirits	Pints		
		463 Soap Italian	lb		
		74 Anti Mosquito Cream	lb		
		4 Anti Mosquito Spray	Gal		
		2 Malarisol	Gal		

The above figures are compiled from Forms ST 8 No94. No113.
No104. No105, No109. No111

Per authority AFHQ Ltr.400/103 DO. dated 22 Sept 44
The above items were shipped to the Italian Armed Forces
From 11. D.I.D. -
To Italian Military
On 2 Apr 45

[Signature]
MAJOR GENERAL
MILITARY MISSION ITALIAN ARMY
ALLIED REPRESENTATIVE

5005

ARTICLES LISTED IN COLUMN "ORDERED" HAVE BEEN RECEIVED UNLESS
OTHERWISE NOTED IN COLUMN "SHIPPED"

CONSIGNEE'S VOL. No.
CONSIGNEE'S VOL. No.
NUMBER OF SHEETS

5002

APPENDIX A

COM. I / 401 RG

RATIONS ISSUE NOTE
BUONO DI PRELEVAMENTO

ITAL FORM ST-8, 40

Voucher No. of Unit demanding

N. di Serie del

Reparto prelevante 108/D/1

Voucher No. of Issuing Depot

N. di Serie del

Magazzino cedente

94

Unit

Reparto

108 Italian Pioneer Coy

Rations for consumption from

Razioni da consumarsi dal

1 - 4 - 1945

30 - 4 - 1945

No. days

No. giorni

730

Ration Strength

Forza da Vettovagliare

210

Single Scale

Tipo Unico

Travelling

da Viaggio

Hospital

Ospedale

Total Number Rations

Numero Totale Razioni

Single Scale

Tipo Unico

Travelling

da Viaggio

Hospital

Ospedale

Depot

Magazzino

Item

Genere

WSP

A/H Cream

TASTE
AGRICULTURAL
PREPARATIONS

ITAL

Quantity

Quantitativo

3 lbs

75 lbs

50

2 lbs

Item

Genere

BUTTER

ALB

A/H Cream

Cresoli

Quantity

Quantitativo

100 lbs

1 lb

14 lbs

2 Gallo

Item

Genere

MILK

STRAW

MILK

MILK

Quantity

Quantitativo

1 Gallo

6 Gallo

3 Gallo

Item

Genere

Soap

Quantity

Quantitativo

115 lbs

Signature of Officer

of Unit demanding

Counter Signature of Officer

of Unit demanding

Signature of Officer

Commanding Issuing Depot

Signature of Persons taking

delivery of rations

Date rations

drawn

Firma di un Ufficiale del

Reparto prelevante

Controfirma di un Ufficiale

del Reparto Prelevante

Firma del Consegnatario

del Magazzino cedente

Firma di chi preleva le ra-

zioni

Data di prelevamento delle

Razioni

This copy to be retained by unit drawing rations.

Questa copia sarà ritenuta dal reparto prelevante

NOTE. This form (Att. FORM ST-8) is provided by the ITALIAN ARMY for all Units.

Vendor's
of Unit depending
S. di serie del
rapporto prelevante

ATTENZIONE: L'UNITÀ DEVE
ESSERE DI SERIE 1000

1/110

del rapporto prelevante
S. di serie del
rapporto prelevante

Unit
Rapporto 113 Ital. Par. Coy.

Portions for consumption from
porzioni da consumarsi dal 1st April 45 to 30th April 45 N. days 30

Ballons strength
Pezzo da vettovagli. 208 Single scale
Tipo unico Travelling
da viaggio Hospital
ospedale

Total number portions
N. Totale porzioni 6240 Single scale
Tipo unico Travelling
da viaggio Hospital
ospedale

Dept
Magazzino No 11 D.I.D.

ITEM
DESCRIZIONE Papain Red Bull 1346 63 Brosoli

QUANTITY
QUANTITATIVE

ITEM
DESCRIZIONE Anti Malaria cream Glycethine Patis Green

QUANTITY
QUANTITATIVE

ITEM
DESCRIZIONE Malaxol Water Sterilizing Powder Lacti Remonolite

QUANTITY
QUANTITATIVE

ITEM
DESCRIZIONE Anti Malaria Amps. Soap Steril

QUANTITY
QUANTITATIVE

Signature of Officer
of Commanding Unit

Visto al Rap. D.I. 15009
Rapporto prelevante

Counter signature of Officer
of Unit depending

Controfirma di un ufficiale
del rapporto prelevante

Signature of officer
Commanding Issuing Depot

Firma del Comandante
del Magazzino cedente

Signature of person taking
delivery of portions

Firma di chi preleva le
porzioni

Date

Data di prelevamento

Portions drawn Monday 12 April 45

Utile porzioni

This copy to be retained by Unit drawing portions
questo copia sarà ritenuta dal rapporto prelevante

14104

	N. H. B. D.	W. S. P.	J. R. T.
Laurel	2 lbs	2 lbs	50 lbs
Alcohol	2 pints	8 pints	Soap 1 lb
			116 lbs

Area di un ufficiale
 del reparto prolevante
 un ufficiale di un ufficiale
 del reparto prolevante
 Area del consegna torio
 Area di un ufficiale
 Area di chi proleva le
 ragioni
 Area di prolevante delle
 ragioni

5001

CRESOL
A.L. 63
WATER STERILISING POWDER
ANTI-MOSQUITO CREAM
TASTE REMOVER TABLET
EAL
FLY CATCHERS
ANTI-MOSQUITO SPRAY
METHYLATED SPIRITS

WAXINE PAPER
CANDLES:

COUNTERSIGNED BY:

PATENT

APPENDIX "A"
 RATIONS ISSUE NOTE
 BUONO DI PRELEVAMENTO

FORM NO. 10-10-1

Voucher No of.
 Unit Demanding
 No di Serie del
 Rapporto Prelevante... *14/9.58.*

101A SP/B

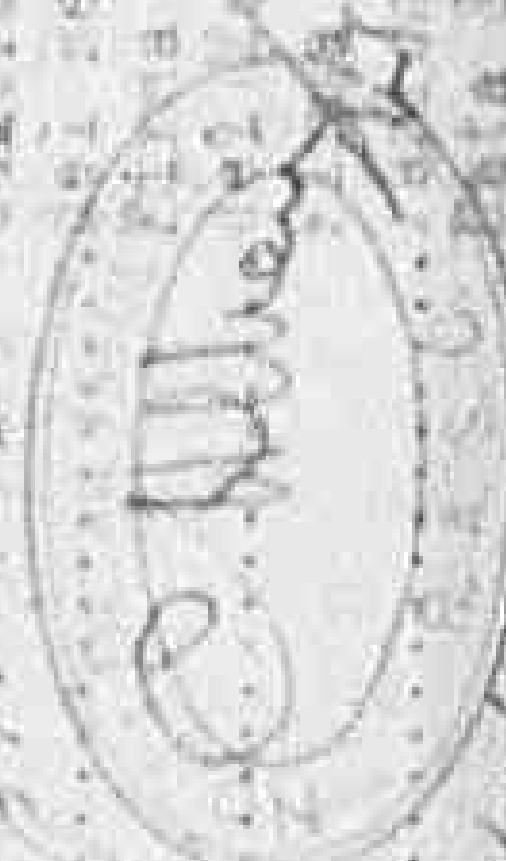
Voucher No of.
 Issued Depot.
 No di Serie del
 Rapporto Cedente... *105*

Unit
 Reperto... *M. H. P. L.*
 Rations for consumption from *M. H. P. L.* to *No days*
 Rationi da consumarsi dal... al... No di giorni...
 Rations strength
 Forza de razione... *24* Single Scale Travelling Hospital
 Total Number Rations
 Numero Totale Razioni... Single Scale Travelling Hospital
 Depot
 Magazine... *No. 11 D.I.D.* (Misc. and N.S.)

ITEM
 QUANTITY
 QUANTITA
 ITEM
 QUANTITY
 QUANTITA
 ITEM
 QUANTITY
 QUANTITA

14/9.58.

Signature of Officer
 Unit demanding... *Richard Cap.* Firma di un Ufficiale del
 Counter Signature of Officer... *14/9.58.* Rapporto Prelevante.
 Unit demanding... *14/9.58.* Contrassegno di un Ufficiale
 Signature of Officer... *14/9.58.* del Rapporto Prelevante.
 Commanding Issuing Depot... *14/9.58.* Firma del Consegretario
 Signature of Persons receiving... *14/9.58.* l'Ufficiale
 delivery of rations... *14/9.58.* l'Ufficiale
 Date rations... *14/9.58.* Data di prelevamento delle



Dr. Med. 140.

R. D.
RATIONS ISSUED NOTE
BUONO DI PRELEVAMENTO

Voucher No.
of Unit Demanding
No di serie del
Reparto prelevante... M.O.!

Voucher No.
of Issuing Depot
No di serie del
Magazzino cedente... 109

Unit
Reparto... 115... 1195:PAR. COX.

Rations for consumption from
Razioni da consumarsi dal... L.H. 45... to 30-4-45... No days 30...

Rations strength
Forza da vortovagliare... 244... single scale... travelling... hospital
... tipo unico... da viaggio... Ospedale

Total number rations
Numero totale razioni... 6420... single scale... travelling... hospital
... tipo unico... da viaggio... Ospedale

Depot
Magazzino... 11 D.I.D. R.A.S.E.

ITEM GENERE	QUANTITY QUANTITATIVO	S.L. 63	CRESOLF	WATER STERALISING. P
		4 lbs	26 gall.	3 lbs
ITEM GENERE	QUANTITY QUANTITATIVO	ANTI- mosquito cream	MALARION GREEN	
		74 lbs		
ITEM GENERE	QUANTITY QUANTITATIVO	TASTE REMOVER TABLETS	IZAN	FLY CATCHERS
		50	2 pints	
ITEM GENERE	QUANTITY QUANTITATIVO	ANTI- mosquito spray	MEMBRANES SPIRITS	
		4 gall	2 pints	4994

Signature of Officer
of Unit Demanding
Counter signature of Officer
of Unit Demanding
Signature of Officer
Commanding Issuing Depot
Signature of person taking
Firma di un Ufficiale
Del Reparto prelevante
Controfirma di un Ufficiale
Del Reparto prelevante
Firma del consegnatario
del magazzino cedente
Firma di chi preleva

Rations for consumption from
Razioni da consumarsi dal..... L.H. 45 al 30-4-11 S. No giorni 30...

Rations strength
Porta da veterinario 244... tipo unico... da viaggio... Hospital
Capedale

Total number rations
Numero totale razioni 6420... tipo unico... da viaggio... Hospital
Capedale

Depot
Magazzino... D.I.D. R.A.S.E

ITEM GENERE	S.L. 63	CREOSOL	WATER STERILISING P
----------------	---------	---------	------------------------

QUANTITY QUANTITATIVO	4 lb	2 1/2 gall.	2 lb
--------------------------	------	-------------	------

ITEM GENERE	ANTI- mosquito cream	MALARIAL GREEN
----------------	-------------------------	-------------------

QUANTITY QUANTITATIVO	74 lb	
--------------------------	-------	--

ITEM GENERE	TASTE REMOVER TABLETS	IZAL FLY CATCHERS
----------------	--------------------------	----------------------

QUANTITY QUANTITATIVO	50	2 1/2 pint
--------------------------	----	------------

ITEM GENERE	ANTI- mosquito spray	MENTHOLATED SPIRITS
----------------	-------------------------	------------------------

QUANTITY QUANTITATIVO	4 gall	9 pint
--------------------------	--------	--------

Signature of Officer
of Unit Demanding

Signature of Officer
Counter signature of Officer

Signature of Officer
of Unit Demanding

Signature of Officer
Commanding Issuing Depot

Signature of person taking
Delivery of rations

Date
Rations drawn ... 15 APRIL

Signature of Officer
of Unit Demanding

Signature of Officer
Counter signature of Officer

Signature of Officer
of Unit Demanding

Signature of Officer
Commanding Issuing Depot

Voucher No. 258
 Of unit description 258 COM AG
 N. di serie del 111
 reparto prevalente 22A
 UNIT 258.ITAL.PNR.COY
 258 COM AG

REGIONI DA CONSUMARE DAL... 198.45... 30.81.45... 20
 REGIONI SPARE... 516... STELLA SPARE
 PORTE DA VETTOVAGLIA... 516... TIPO UNICO... da viaggio... deposito
 TOTALI REGIONI... 64.20... ALIAS SIDA
 Totale % razioni... 516... TIPO UNICO... da viaggio... deposito
 Depositi... 11.0.1.0
 RAZIONI...

TIPO WATER STERILIZING POWDER PHYSICIAN PANIS GREEN
 Quantitativo 4 lb

TIPO ANTI-MOSQUITO CREAM ALB POWDER BLACK FOMIGATING
 Quantitativo 112 lb 5 lb

TIPO TASTE REMOVER TABLETS GREEN MALABAR PREPARED FOR BERT
 Quantitativo 50 2 1/2 gallo

TIPO ANTI MOSQUITO SPRAY NETHERLANDS SPRIT
 Quantitativo 2 pint 9 pint

REGIONI DA CONSUMARE DAL... 198.45... 30.81.45... 20
 REGIONI SPARE... 516... STELLA SPARE
 PORTE DA VETTOVAGLIA... 516... TIPO UNICO... da viaggio... deposito
 TOTALI REGIONI... 64.20... ALIAS SIDA
 Totale % razioni... 516... TIPO UNICO... da viaggio... deposito
 Depositi... 11.0.1.0
 RAZIONI...

REGIONI DA CONSUMARE DAL... 198.45... 30.81.45... 20
 REGIONI SPARE... 516... STELLA SPARE
 PORTE DA VETTOVAGLIA... 516... TIPO UNICO... da viaggio... deposito
 TOTALI REGIONI... 64.20... ALIAS SIDA
 Totale % razioni... 516... TIPO UNICO... da viaggio... deposito
 Depositi... 11.0.1.0
 RAZIONI...

ITEM WATER STERILIZING POWDER FLYBATCHER PARIS GREEN

QUANTITY
Substitutivo

4 lbs

ITEM ANTI-MOSQUITO CREAM ALB. POWDER RECH. FUMIGATOR

QUANTITY
Substitutivo

112 lbs

5 lbs

ITEM

TABLS RESCOVER TABLETS CRESSY MALARIAL PREPARED BY NAT

QUANTITY
Substitutivo

50

2 1/2 qdls

ITEM

12 AL ANTI-DISSENT SPRAT RESTRICTED SUPPLY

QUANTITY
Substitutivo

2 pints

9 pints

SIGNATURE OF OFFICER OF UNIT

RECEIVED - 258

RECEIVED - 258

of unit according to the instructions of the officer of unit

of unit according to the instructions of the officer of unit

of unit according to the instructions of the officer of unit

of unit according to the instructions of the officer of unit

of unit according to the instructions of the officer of unit

of unit according to the instructions of the officer of unit

of unit according to the instructions of the officer of unit

of unit according to the instructions of the officer of unit

of unit according to the instructions of the officer of unit

of unit according to the instructions of the officer of unit



Handwritten notes:
The contents of this report are for the use of the officer of unit only.
Do not distribute to other personnel.

Handwritten signature:
[Signature]

WAR DEPARTMENT
J. M. C. Form No. 511
Revised June 28, 1941

SHIPPING TICKET

SEP 11 1945

CONSIGNOR **BRITISH GOVERNMENT**

BR. MED. No 139

DATE SHIPPED OR DELIVERED **1 APRIL 1945**

SHIP TO

ITALIAN GOVERNMENT

AUTHORITY OR REQ. No. **642**

TRANSPORTATION COST OF \$

CHARGEABLE TO

P.A. No.

QUANTITY		ARTICLE	UNIT	UNIT COST	TOTAL COST
ORDERED	SHIPPED				
	34	A.L. 63-Mk 11	lb		
	28	Grenoli	Gal		
	12	Water Sterilising Pwdr	lb		
	7	Izal	Pints		
	255	Taste Remover Tablets	No		
	579	Soap Italian	lb		
	28	Malarisol	Gal		
	41	Methylated Spirits	Pint		
	445	Flycatchers	No		
	19	Anti Mosquito Spray	Gal		

The above figures are compiled from Forms ST 8 No 98, No 97, No 93, No 96, No 95, No 118, No 114.

Per authority AFHQ Ltr. 400/105 DO. dated 22 Sept 44
The above items were shipped to the Italian Armed Forces
From 11 D.I.D.
To Italian Military
On 1 Apr 45

W. H. H. H.
MAJOR GENERAL
MILITARY MISSION ITALIAN ARMY
ALLIED REPRESENTATIVE

4997

ARTICLES LISTED IN COLUMN "ORDERED" HAVE BEEN RECEIVED UNLESS OTHERWISE NOTED IN COLUMN "SHIPPED"

CONSIGNEE'S YOD No.
CONSIGNEE'S YOD No.
NUMBER OF SHEETS

Pl. 63	breach	WSP	Fig. 1	T.R. 3.40	Long. 1.41	Fig. 1.41	Apr. 1.41
1.41	2 galls	3.41	2 pints	50 lbs	112 lbs	high	19 galls
1.41	2 galls	3.41	2 pints	50	112 lbs		
5 lbs	2 galls	3.41	1 gall	50	110 lbs		
1.41	10 galls	3.41	2 pints	55	122 lbs		
3 lbs	2 galls			50	115 lbs		
1.41	2 galls						
1.41	2 galls						
3.41	28 1/2	12	7	255	579		

Malawi
28 galls
9 pints
32 pints
11

RECEIVED

DEPT. OF HEALTH

DATE

139

Voucher No. of Unit

Demanding

N. di Serie del

Reporto prelevante

N. di 1

Voucher No. of

Issuing Depot

N. di Serie del

Magazzino cedente

98

Unit

Reporto 206 31 Pur boy

Rationes for Consumption from

Magazzino de Consumare del

April 1st

to

April 30th

No. of days

30

Ration Strength

Porte de Vetrovogliara 204

Single Scale

tipo unico

Travelling

de Viaggio

Hospital

ospedale

Total Number Rations

Numero Totale Razioni 6120

Single Scale

tipo unico

Travelling

de Viaggio

Hospital

ospedale

Depot

Magazzino N° 11 O. I. D.

Item

Genere

a 1 6 3

breast

Quantity

quantitativo

4 lbs

2 1/2 lbs

Item

Genere

ANTI-MOXIGUO CASH

WATER STERILISING POWDER

TRAH.

Quantity

quantitativo

3 lbs

2 pinto

Item

Genere

TASTE REMOVER TABLETS

EXCALIBUR

ANTI-MOXIGUO CASH

Quantity

quantitativo

50 lbs

Comp 4995

Item

Genere

MAGNIFIC

CASH

112 lbs

Quantity

quantitativo

Total Number Portions
Numero porciones 6120 Single solo Travelling
Tipo unico de Viajero Capitales

Depot
Depositalo Nº 11 D. L. D.

Item
Genere 2 1 63 brooch

Quantity
Quantitativo 4 lbs 24 lbs

Item
Genere ANTI-MOXQUE CREAM WATER SURFACING PAPER 12A1

Quantity
Quantitativo 3 lbs 2 pinto

Item
Genere TASTE REMOVAL TABLETS EXTRACTORS ANTI-MOXQUE SOAP

Quantity
Quantitativo 50 lbs Soap 4995

Item
Genere MALARIAL PAIN EXTRACT 112 lbs

Quantity
Quantitativo

Signature of Officer of
Unit Desending Miss Josephine Firma di un Ufficiale

Counter Signature of Officer
of Unit Desending John Brown Controfirma di un Ufficiale

Signature of Officer
Commanding Issuing Depot William Firma del consegnatario del

Signature of person
Delivery of Portion H. Brown Persona di cui preleva la

Date Portions
Given April 1st data di prelevamento

ITA. POC. 48/

ATTACHED

RATIONS ISSUE NOTE

UNIT NO. OF UNIT ISSUING
N. DI UNIT 100
ISSUE DATE 200/10/1

UNIT NO. OF ISSUED UNIT
N. DI UNIT 100
ISSUING OFFICER 97

UNIT 204. IX. PUB. COMPANY

DATE OF ISSUE 100. APRIL 1945 TO DATE 30. APRIL 1945

ISSUE QUANTITY 200 ISSUED TO 200 UNITS TRAVELING DA VIAGGIO

TOTAL NUMBER OF UNITS 6000 ISSUED TO 6000 UNITS TRAVELING DA VIAGGIO

ISSUING OFFICER H. D. D.

ISSUE VATER. SCRIALISINA. PANDAB. PHU. MESSURE. SCOR. JAWA. KATON. 1004512.

ISSUE 3 lbs 50

ISSUE 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.2223.2224.2225.2226.2227.2228.2229.2230.2231.2232.2233.2234.2235.2236.2237.2238.2239.2240.2241.2242.2243.2244.2245.2246.2247.2248.2249.2250.2251.2252.2253.2254.2255.2256.2257.2258.2259.2260.2261.2262.2263.2264.2265.2266.2267.2268.2269.2270.2271.2272.2273.2274.2275.2276.2277.2278.2279.2280.2281.2282.2283.2284.2285.2286.2287.2288.2289.2290.2291.2292.2293.2294.2295.2296.2297.2298.2299.2300.2301.2302.2303.2304.2305.2306.2307.2308.2309.2310.2311.2312.2313.2314.2315.2316.2317.2318.2319.2320.2321.2322.2323.2324.2325.2326.2327.2328.2329.2330.2331.2332.2333.2334.2335.2336.2337.2338.2339.2340.2341.2342.2343.2344.2345.2346.2347.2348.2349.2350.2351.2352.2353.2354.2355.2356.2357.2358.2359.2360.2361.2362.2363.2364.2365.2366.2367.2368.2369.2370.2371.2372.2373.2374.2375.2376.2377.2378.2379.2380.2381.2382.2383.2384.2385.2386.2387.2388.2389.2390.2391.2392.2393.2394.2395.2396.2397.2398.2399.2400.2401.2402.2403.2404.2405.2406.2407.2408.2409.2410.2411.2412.2413.2414.2415.2416.2417.2418.2419.2420.2421.2422.2423.2424.2425.2426.2427.2428.2429.2430.2431.2432.2433.2434.2435.2436.2437.2438.2439.2440.2441.2442.2443.2444.2445.2446.2447.2448.2449.2450.2451.2452.2453.2454.2455.2456.2457.2458.2459.2460.2461.2462.2463.2464.2465.2466.2467.2468.2469.2470.2471.2472.2473.2474.2475.2476.2477.2478.2479.2480.2481.2482.2483.2484.2485.2486.2487.2488.2489.2490.2491.2492.2493.2494.2495.2496.2497.2498.2499.2500.2501.2502.2503.2504.2505.2506.2507.2508.2509.2510.2511.2512.2513.2514.2515.2516.2517.2518.2519.2520.2521.2522.2523.2524.2525.2526.2527.2528.2529.2530.2531.2532.2533.2534.2535.2536.2537.2538.2539.2540.2541.2542.2543.2544.2545.2546.2547.2548.2549.2550.2551.2552.2553.255

APPENDIX A

COM. I / 401 RGT.

IMIA FORM ST/B

RATIONS ISSUE NOTE BUONO DI PRELEVAMENTO

DISINFECTANT AND MISCELLANEOUS INDENT

Voucher No. of Unit demanding

N. di Serie del

Reparto prelevante

61

Voucher No. of Issuing Depot

N. di Serie del

Magazzino cedente

93

A PRIL 1945

Unit

Reparto

110. ITAL PNR. COY.

Rations for consumption from

to

No. days

Razioni da consumarsi dal

al

No. giorni

Ration Strength

Single Scale

Travelling

Hospital

Forza da Vettovagliare

Tipo Unico

da Viaggio

Ospedale

Total Number Rations

Single Scale

Travelling

Hospital

Numero Totale Razioni

Tipo Unico

da Viaggio

Ospedale

Depot

Magazzino

11. D. I. D. R.A.S.C.

Item

Genere

A.L. 63 Powder

Soap Vat

Quantity

Quantitativo

~~5 lbs~~ 5 lbs

120 lbs

Item

Genere

Cresole

Quantity

Quantitativo

2 ~~gallons~~ gallons

Item

Genere

Anti Mosquito Spray

Quantity

Quantitativo

~~1 gallon~~ 1 gallon

Dr. Med 139

Item

Genere

Fly Catchers

Quantity

Quantitativo

~~1 dozen~~ 1 dozenSignature of Officer
of Unit demandingCounter Signature of Officer
of Unit demandingSignature of Officer
Commanding Issuing DepotSignature of Persons taking
delivery of rationsDate rations
drawnFirma di un Ufficiale del
Reparto prelevanteFirma di un Ufficiale
del Reparto PrelevanteFirma del Consegnatario
del Magazzino cedenteFirma di chi preleva le
razioniData di prelevamento delle
Razioni

APRIL 2 1945

This copy to be retained by unit drawing rations.

Questa copia sarà ritenuta dal reparto prelevante

NOTE: This form (IMIA FORM ST/B) is provided by the ITALIAN ARMY for all Units.

APPENDIX A

COM. I / 401 RGT.

RATIONS ISSUE NOTE
BUONO DI PRELEVAMENTO

100-1001-1/39

Voucher No. of Unit demanding
N. di Serie del
Reparto prelevante

Voucher No. of Issuing Depot
N. di Serie del
Magazzino cedente

Unit
Reparto 105 Italian Cronos 107

Rations for consumption from
Razioni da consumarsi dal April 1st to April 30th No. days 30
No. giorni

Ration Strength 232 Single Scale
Forza da Vettovagliare Tipo Unico Travelling Hospital
da Viaggio Ospedale

Total Number Rations 6960 Single Scale
Numero Totale Razioni Tipo Unico Travelling Hospital
da Viaggio Ospedale

Depot
Magazzino 11 DIX BASE

Item
Genere Water Sterilizing Powder 10 Sec

Quantity
Quantitativo 1000 1/2 lb 28 lb

Item
Genere Food Rations 1000

Quantity
Quantitativo 1000 1/2 lb 28 lb

Item
Genere Slicker 1000 1/2 lb 28 lb

Quantity
Quantitativo 1000 1/2 lb 28 lb

Item
Genere Anti-Insect Spray 1000 1/2 lb 28 lb

Quantity
Quantitativo 1000 1/2 lb 28 lb

Signature of Officer
of Unit demanding Cap - [Signature]

Firma di un Ufficiale del
Reparto prelevante

Counter Signature of Officer
of Unit demanding

4992
Controfirma di un Ufficiale
del Reparto Prelevante

Signature of Officer
Commanding Issuing Depot

Firma del Consegnatario
del Magazzino cedente

Signature of Persons taking
delivery of rations

Firma di chi preleva le ra-
zioni

Date rations
drawn 2/4/45

Data di prelevamento delle
Razioni

This copy to be retained by unit drawing rations.
Questa copia sarà ritenuta dal reparto prelevante.

NOTE: This form (Mil. FORM ST-8) is provided by the ITALIAN ARMY for all Units.

COM. I / 401 RGT.

APPENDIX (A)

RATIONS ISSUE NOTE
BUONO DI PRELEVAMENTO

IMIA FORM ST-8

Voucher No. of Unit demanding

N. di Serie del

Reparto prelevante 106/49

Voucher No. of Issuing Depot

N. di Serie del

Magazzino cedente

95

Unit

Reparto 106 T. L. P. P. Coy.

Rations for consumption from

Razioni da consumarsi dal 1-4-45

to

al 30-4-45

No. days

No. giorni 30

Ration Strength

Forza da Vettovagliare 225

Single Scale

Tipo Unico

Travelling

da Viaggio

Hospital

Ospedale

Total Number Rations

Numero Totale Razioni

Single Scale

Tipo Unico

Travelling

da Viaggio

Hospital

Ospedale

Depot

Magazzino

II G. I. D.

Item

Genere

Izal

~~Prescribed Anti-Biotic~~

Quantity

Quantitativo

2 Pints

Item

Genere

A. L. 63 Powder

~~Blocker - Demolishing~~

Quantity

Quantitativo

11 lbs

Item

Genere

Gresoli

Methylated Spirits

Quantity

Quantitativo

2 Gall

9 Pints

Item

Genere

T. R. TABLETS

W. S. P.

Soap

Ital

Quantity

Quantitativo

55

343L

122 lbs

Signature of Officer
of Unit demanding

[Signature]

Firma di un Ufficiale del
Reparto prelevanteCounter Signature of Officer
of Unit demanding

[Signature]

Controfirma di un Ufficiale
del Reparto Prelevante

Signature of Officer

Commanding Issuing Depot

[Signature]

Firma del Consegnatario
del Magazzino cedenteSignature of Persons taking
delivery of rations

[Signature]

Firma di chi preleva le ra-
zioniDate rations
drawn

2/4/45

Data di prelevamento delle
Razioni

This copy to be retained by unit drawing rations.

Questa copia sarà ritenuta dal reparto prelevante

NOTE: This form (MIA FORM ST-8) is provided by the ITALIAN ARMY for all Units.

COM. I - 406 RGT.

APPENDIX "A"

IMIA FORM ST 18

 RATIONS ISSUE NOTE
 BUONO DI PRELEVAMENTO

 Voucher No. of Unit demanding
 N. di Serie del
 Reparto prelevante 9

 Voucher No. of Issuing Depot
 N. di Serie del
 Magazzino cedente 118

 Unit
 Reparto 171 Company P.I.

 Rations for consumption from
 Razioni da consumarsi dal 1 4 / 45 to 30 4 / 45 No. days
 N. giorni 30

 Ration Strength
 Porzio da Vettovagliare 211 Single Scale
 Tipo Unico Travelling
 da Viaggio Hospital
 Ospedale

 Total Number Rations
 Numero Totale Razioni Single Scale
 Tipo Unico Travelling
 da Viaggio Hospital
 Ospedale

 Depot
 Magazzino 11. D. I. D. 1477 Rations of Salt & Soda

 Item
 Genere S.P. R.L. 63 PARIS Green

 Quantity
 Quantitativo 3 lbs 4 lbs

 Item
 Genere Anti Mosquito Cream Anti Mosquito
 Spray

 Quantity
 Quantitativo

 Item
 Genere T. R. O. T. Cigarettes

 Quantity
 Quantitativo Scrap Metal 115 lbs

 Item
 Genere Fly Catchers Material
 oil

 Quantity
 Quantitativo

 Signature of Officer
 of Unit demanding Spencer Handman

 Counter Signature of Officer
 of Unit demanding

 Signature of Officer
 Commanding Issuing Depot

 Signature of Persons taking
 delivery of rations

 Date rations
 drawn

 Firma di un Ufficiale di
 Reparto prelevante 2999

 Controfirma di un Ufficiale
 del Reparto prelevante

 Firma del Consegnatario
 del Magazzino cedente

 Firma di chi preleva le ra-
 zioni

 Data di prelevamento delle
 Razioni

 This copy to be retained by unit drawing rations
 Questa copia sarà ritenuta dal reparto prelevante.

NOTE. This form (MI. FORM ST 18) is provided by the ITALIAN ARMY for all Units.

R. E.

RATIONS ISSUE NOTE
BUONO DI PRELEVAMENTO

MMIA FORM STA

Voucher No.

of Unit Demanding

N° di verde del

Reparto prelevante

Unit

Reparto

Voucher No.

of Issuing Depot

N° di Serie del

Magazzino cedente

CON DATAGIONE - FIGUREZZA E GUARDIA

Ufficio Amministrazione

Rations for consumption from

Razioni da consumarsi dal

Ration Strength

Porta da Vetrovagliare

Total Number Rations

Numero Totale Razioni

Depot

Magazzino

to

al

Single Scale

Tipo Unico

Single Scale

Tipo unico

No. days

N° giorni

Travelling

da Viaggio

Travelling

da Viaggio

Hospital

Ospedale

Hospital

Ospedale

Magazzino 14 D.I.D. Fase

Disubordinati

ITEM GENERE	A.L. 63	A/Mes 8/1939	Martha Spinto	Spinto
QUANTITY QUANTITATIVO	14 lbs			52 punti
ITEM GENERE	Crudo	Medicina		
QUANTITY QUANTITATIVO	2 galles			
ITEM GENERE				
QUANTITY QUANTITATIVO				
ITEM GENERE				
QUANTITY QUANTITATIVO				4989

Spinto 139

Signature of Officer
Of Unit Demanding

Spinto

Counter Signature of Officer
of Unit Demanding

Spinto

Firma di un Ufficiale
del Reparto Prelevante

Controfirma di un Ufficiale
del Reparto Prelevante

Conclusion

Protestants

Signature of Officer Of Unit Demanding	<i>Wm. Grant</i>	First in line Official of Regatta Presiding
Counter Signature of Officer of Unit Demanding	<i>Wm. Grant</i>	Counterclaim of an Official of Regatta Presiding
Signature of Officer Commanding Inviting Depot	<i>Wm. Grant</i>	Primo del Comandante del Magazzino centrale
Signature of Person taking delivery of rations	<i>Wm. Grant</i>	Primo di chi riceve le razioni
Date	<i>2/10/1918</i>	Data di ricevimento delle razioni

This copy to be retained by issuing depot.
Questa copia sarà ritenuta dal magazzino cedente.

WAR DEPARTMENT
O. M. C. Form No. 104
Revised June 20, 1942

SHIPPING TICKET

SEP 11 1945

CONSIGNOR: **BRITISH GOVERNMENT**

BR.MED.No 138

DATE SHIPPED OR DELIVERED

2 APRIL 1945

SHIP TO

ITALIAN GOVERNMENT

AUTHORITY OR REQ. No.

TRANSPORTATION COST OF \$

P. A. No.

CHARGEABLE TO

QUANTITY		ARTICLE	UNIT	UNIT COST	TOTAL COST
ORDERED	SHIPPED				
	288	Flycatchers	No		
	8	A/L-63 Mk 11	lb		
	13	Anti Mosquito Spray	Gal		
	55	Cresol: Solid-	lb		
	3	Methylated Spirits	Gal		
	15	Malariael	Gal		
	80	Taste Remover Tablets	No		
	110	Anti Mosquito Cream	lb		
	4	Water Sterilising Pwdr	lb		

The above figures are compiled from Form ST 8 No 741, No 774, No 776, No 757

Per authority AFHQ Ltr.-400/105 DO. dated 22 Sept 44
The above items were shipped to the Italian Armed Forces
From 108 B.I.D. -
To Italian Military
On 2 Apr 45

4988

[Signature]
MAJOR GENERAL
MILITARY MISSION ITALIAN ARMY
ALLIED REPRESENTATIVE

ARTICLES LISTED IN COLUMN "ORDERED" HAVE BEEN RECEIVED UNLESS OTHERWISE NOTED IN COLUMN "SHIPPED"

CONSIGNEE'S VOL. No.
CONSIGNEE'S VOL. No.
NUMBER OF SHEETS

4987

RATIONS ISSUED NOTES

BUONO DI PRELEVAMENTO

MMIA. FORM. ST/8.

Voucher no. of

Unit demandig

No. di serie del

Reparto prelevante.....

Voucher no. of.

Issuing Depot.

No. di serie del

Magazz. cedente.....

741

UNIT.

Reparto.....

Ration for consumption from

Razioni da consumarsi dal..... el..... N. giorni.....

Rations strength

Forza vettovagliata..... sigl scale travelling; ospital

Total number rations

N. totale delle razioni..... sigle scale travelling; ospital

Depot

Magazzino..... tipo unico..... da viaggio..... ospedale

ITEM

GENERE

QUANTITY

QUANTITATIVO

ITEM

GENERE

QUANTITY

QUANTITATIVO

ITEM

GENERE

QUANTITY

QUANTITATIVO

ITEM

GENERE

QUANTITY

QUANTITATIVO

Signature of Officer

of unit demandig..... Firma di un ufficiale

Counter Signature of Officer

of unit demandig..... del reparto prelevante

Signature of Officer

Commandig Issued Depot..... firma del consegnatario

Signature of Persons taking

delivery of rations..... razioni

Date rations

drawn..... Data di prelevamento delle

40

2

2

5

13

Fly calipers

FL 63

AM Spray

Cresolol

[Signature]

[Signature]

[Signature]

[Signature]

2/4

Razioni da consumarsi dal.....al.....M. giorni.....
 Rations strength 20 travelling; ospital
 Forma vettovagliata..... tipo unicoda viaggio; ospedale
 Total number rations sigle scale travelling; ospital
 N. totale delle razioni..... tipo unicoda viaggio.....ospedale
 Depot

Magazzino.....
 ITEM

GENERE Fly calibro 40

QUANTITY
 QUANTITATIVO FH 63 2

ITEM
 GENERE AM Spray 2

QUANTITY
 QUANTITATIVO Creoli 5

ITEM
 GENERE 13

QUANTITY
 QUANTITATIVO

ITEM
 GENERE

QUANTITY
 QUANTITATIVO

ITEM
 GENERE

QUANTITY
 QUANTITATIVO

Signature of Officer of unit demandig Firma di un ufficiale

Counter Signature of Officer of unit demandig del reparto prelevante

Signature of Officer Commandig Issued Depot Controfirma di un ufficiale

Signature of Persons taking delivery of rations firma del consegnatario

Date rations drawn firma di chi preleva le razioni

..... Date di prelevamento delle razioni.

This copy to be retained by unit drawing rations.

Questa copia sarà ritenuta dal reparto prelevante.

NOTE: This form (MIA FORM ST/8) is proving the ITALIAN ARMY for all Units.

.....

Misc 17-50

R. E.

MMIA FORM ST-8

Voucher No.
of Unit Demanding
N° di Serie del
Reparto prelevante

20

RATIONS ISSUE NOTE
BUONO DI PRELEVAMENTO

Voucher No.
of Issuing Depot
N° di Serie del
Magazzino cedente

117

Unit
Reparto

Rations for consumption from
Razioni da consumarsi dal

1.4.45

to
al

30.4.45

No. days
N° giorni

30

Ration Strength
Forza da vettovagliare

240

Single Scale
Tipo Unico

Travelling
da Viaggio

Hospital
Ospedale

Total Number Rations
Numero Totale Razioni

Single Scale
Tipo Unico

Travelling
da Viaggio

Hospital
Ospedale

Depot
Magazzino

108 D. I. D.

ITEM GENERE	ANTI MOSQUITO CREAM OR INSECT REPELL		FLY CATCHERS
QUANTITY QUANTITATIVO			120
ITEM GENERE	AL 63.	ANTI MOSQUITO SPRAY	CRESOL
QUANTITY QUANTITATIVO		5	14 lb
ITEM GENERE	METHYLATED SPIRITS	MALARION	PARIO GREEN
QUANTITY QUANTITATIVO	1	7	
ITEM GENERE	PREPARED	RAT BAIT	13 ⁺
QUANTITY QUANTITATIVO			

Signature of Officer
of Unit Demanding

W. Hruska Lm.

Counter Signature of Officer
of Unit Demanding

Gen. Sal. Luffy

Signature of Officer
Commanding Issuing Depot

S. Hruska Lm.

Signature of Person taking
delivery of rations

2/4/45

S. Hruska Lm.

Date
ratione drawn

Firma di un Ufficiale
del Reparto prelevante

Controfirma di un Ufficiale
del Reparto prelevante

Firma del Comandante
del Magazzino cedente

Firma di chi preleva
le razioni

Data di prelevamento
delle razioni

This copy to be retained by unit drawing rations
Questa copia sarà ritenuta dal reparto prelevante

R. E.

MMIA FORM IT.8

RATIONS ISSUE NOTE
BUONO DI PRELEVAMENTO

Voucher No.
of Unit Demanding
N° di Serie del
Rapporto prelevante
Unit
Rapporto

14/10
14

2° Reg. FERROVIERI VI EMERSONE
1° COMPAGNIA

Voucher No.
of Issuing Depot
N° di Serie del
Magazzino cedente

776

Rations for consumption from
Razioni da consumarsi dal

1/4

to
at

30/4/945

No. days
N. giorni

30

Ration Strength
Forza del Vantovaglie

175

Single Scale
Tipo Unica

Travelling
da Viaggio

Hospital
Ospedale

Total Number Rations
Numero Totale Razioni

1225

Single Scale
Tipo Unica

Travelling
da Viaggio

Hospital
Ospedale

Depot
Magazzino

108 DID

ITEM GENERE	Kerosine Oil For 5 Lamps T.R.T.	2.5 gal also 1.5 gal for 1 lamp	
QUANTITY QUANTITATIVO	40 lb	3 gal	
ITEM GENERE	Refined Pet. Oil	55 lb	
QUANTITY QUANTITATIVO	64	1 gal	
ITEM GENERE	Refined Pet. Oil	18 lb	
QUANTITY QUANTITATIVO	2 lb	3 lb	4 gal
ITEM GENERE	Refined Pet. Oil		
QUANTITY QUANTITATIVO			

Signature of Officer
of Unit Demanding

[Signature]

Firma di un Ufficiale
del Rapporto Prelevante

Counter Signature of Officer
at Issuing Depot

[Signature]

Controfirma di un Ufficiale
del Rapporto prelevante

Signature of Officer
Consigning to Depot

[Signature]

Firma del Consegnatario
del Magazzino cedente

Signature of Officer
delivering to ration

[Signature]

Firma di chi preleva
le razioni

Date
rations drawn

2/IV

Data di prelevamento
delle razioni

This copy to be retained by issuing depot
Questa copia sarà ritenuta dal magazzino cedente

Voucher #. 27
of Unit Commanding
No. di serie del Reparto
di Per Evange--

NATION ISSUED DATE
BUND DI PER EVANGGIO

Disinfected
Voucher #. 757
of Issuing Depot
No. di serie del Magazzino
Centrale--

Unit
REPARTO

7 log Ry

Rations resupplied from
REGIONALDECONSUMARESS NO. 1 aprile AT 30 aprile No. days 30
No. giorni

Nation Strength	Single Dente	Traveling	Hospital
FOCRA DI VETTOVAGLIERE	<u>170</u>	DA VIAGGIO	OSPEDALE
Total Number Rations	Single Dente	Traveling	Hospital
TOTALE RAZIONI	<u>170</u>	DA VIAGGIO	OSPEDALE

Depot
MAGAZZINO 108 D.I.D.

Item	WSP	2	lbs	Milk	1 gal
Quantity		40	lbs		
Quantitative					
Item	Flour	55	lbs		
Quantity		64	lbs		
Quantitative					
Item	Flour	3	lbs		
Quantity		18	lbs		
Quantitative					
Item	Milk	4	gal		
Quantity		3	lbs		
Quantitative					

138

4983

Signature of Officer
of Unit Commanding [Signature]

FIRMA DI UN UFFICIALE
DEI REPARTO PASTICCIERI--

Counter Signature of Officer
of Unit Commanding [Signature]

CONTERFIRMA DI UN UFFICIALE
DEI REPARTO PASTICCIERI--

Signature of Officer
Commanding Issuing Depot [Signature]

FIRMA DEL COMANDANTE
MAGAZZINO CENTRALE--

Signature of person taking
delivery of rations [Signature]

FIRMA DI CHI PRENDEVA LE
RAZIONI--

Date
Rations drawn 2 aprile 1945

DATA DI PRELEVAMENTO DELLE
RAZIONI--

WAR DEPARTMENT
Q. M. C. Form No. 534
Revised June 10, 1941

SHIPPING TICKET

SEP 11 1945

CONSIGNOR: **BRITISH GOVERNMENT**

BR.MED.No 137

DATE SHIPPED OR DELIVERED **2 APRIL 1945**

SHIP TO: **ITALIAN GOVERNMENT**

AUTHORITY OR REQ. No.

642

TRANSPORTATION COST OF \$

CHARGEABLE TO

F.A. No.

QUANTITY		ARTICLE	UNIT	UNIT COST	TOTAL COST
ORDERED	SHIPPED				
	232	Anti Mosquito Cream	lb		
	6	Isal	Pints		
	496	Flycatchers	No		
	21	A.L.63. Mk-11	lb		
	16	Anti Mosquito Spray	Gal		
	82	Cresol Solid	lb		
	4	Methylated Spirits	Gal		
	11	Malarial	Gal		
	8	Flit	Gal		
	2	Water Sterilising Pwdr	lb		
	26	Taste Remover Tablets	No		

The above figures are compiled from Forms ST 8 No 790, No 798, No 771, No 778, No 765, No 782

Per authority AFHQ Ltr. 400/105 DO. dated 22 Sept 44
The above items were shipped to the Italian Armed Forces
From 108 D.I.D.
To Italian Military
On 2 Apr 45

[Signature]
MAJOR GENERAL
MILITARY MISSION ITALIAN ARMY
ALLIED REPRESENTATIVE

4982

ARTICLES LISTED IN COLUMN "ORDERED" HAVE BEEN RECEIVED UNLESS OTHERWISE NOTED IN COLUMN "SHIPPED"

CONSIGNEE'S VOL. No.
CONSIGNEE'S VOL. No.
NUMBER OF SHEETS

LISPETTORE *[Signature]*

COLLECTION No. 114

No. 41 marzo del

790

1000

23

Time unit: 100

108 D. I. D.

DISCONTINUED & MISCELLANEOUS

ANTI-AGING CREAM

85-16

2003 • J. Neurosci., July 23, 2003 • 23(30):7853–7861 • 7855

ANTI-MOSQUITO SPRAY.

METHYLASE SMOOTH.

4980

Firma di un ufficiale del
reparto prelevante

zootrofina di un ufficiale
del reparto prelevante

Firma del consignatario

del magazzino cadente

Signature of person
taking delivery of rations

218

Data di prelievo razioni

RATONS
RATONS
RATONS

MAIA FORM OT 8

Voucher No of Unit

Demanding

N° di Serie del

Reparte Relevante

UNIT

254 Italian Pioneer Company

Reparte

Ratione for Consumption from

No of Days

Ratione da consumarsi dal 1st APRIL '45 al 30 APRIL '45, N° giorni.....10.....

Ratione Single 200 Single Scale 200

Travelling Hosp.

Ferra da vettovagliare.....Tipe Unice.....Da Viaggia Ospedale

Total Number Ratione 1 Months Single Scale 1 Months

Travelling Hosp.

Numero totale Ratione 1 Months Single Scale 1 Months Supply Da Viaggia Ospedale

Project

108 BID Supply Depot

Magazine

ITEM

QUANTITY

FLYCATCHERS

1244

AL 63 POUNDS

QUANTITATIVO

96

1 pint

4 lb

ITEM

QUANTITY

ANTI-MOSQUITO SPRAY

CRESCOLI

QUANTITATIVO

4 Gallis

8 lb

ITEM

QUANTITY

QUANTITATIVO

4 Gallis

8 lb

ITEM

QUANTITY

QUANTITATIVO

QUANTITATIVO

Signature of Officer

Captain

of Unit Designation Officer..... del reparto Relevante

Voucher No 789

of Issuing Depot.....

N° di Serie del

Magazzino Cedente

785020

Total Number Rations 1 Month Single Ration 1 Month Travelling Resp.
 Numero totale Razioni 1 Mese Unico... Supply Da Viaggio Ospedale

Weight

108 lbs Supply Depot

Magazine

QUANTITY

FLYCATCHERS

1244

AL 51 PONDAR

QUANTITY

96

1 pint

QUANTITATIVO

4 lb

QUANTITY

ANTI-MOSQUITO SPRAY

CRESOLI

QUANTITY

4 Gallons

8 lb

QUANTITY

QUANTITATIVO

39079

QUANTITY

QUANTITATIVO

Signature of Officer

Drinker

Varia di un Ufficiale

of Unit Demand Inspector Officer

del reparto Polverante

Counter-Signature of Officer

Perkins

Controfirmata di un Ufficiale

of Unit Demand (C)

Comandante 154 YPO

del reparto Polverante

Signature of Officer

Signature

Firma del Comandante

Commanding Issuing Dept

le Rationi

Signature of Person

Firma di chi prova

taking away delivery of rations

la Rationi

Date rations drawn

Data di prelevamento delle

razioni

FORMA DI PRESENTAZIONE

N. di Serie del MISS & DIS
Rapporto prelevante 1

Reperto 252 ITAL. PNR. 607

Regioni da censurare del Aprile di 30

Forma di vettura 233 Numero totale regioni

Maravigna 108 D. I. D.

Genere Anti Mosquito Cream 93 Lbs.

Quantitativo Izal 1/4 Gall. = 2 pints

Genere Fly Catchers 120

Quantitativo A.L. 63 5 Lbs.

Genere Anti Mosquito Spray 5 Galls.

Quantitativo Cresol liquid n.o. ~~31~~ 14 lbs

Genere Malariaol 7 1/2 Galls.

Quantitativo Paris Green to handle by ~~31~~ 14 lbs
Hvy. units

Forma di vettura 233 Numero totale regioni 4978

Forma di vettura 233 Numero totale regioni

Forma di vettura 233 Numero totale regioni

Forma di vettura 233 Numero totale regioni

Forma di vettura 233 Numero totale regioni

2/IV 45

(127)

CC. RR.

MMIA FORM ST/8

Voucher No.
of Unit DemandingN° di Serie del
Reparto prelevante 15RATIONS ISSUE NOTE
BUONO DI PRELEVAMENTOVoucher No.
of Issuing Depot
N° di Serie del
Magazzino cedente

778

Unit

Reparto

LEGIONE TERRITORIALE DEI CARABINIERI REALI DI ANCONA

Rations for consumption from

Razioni da consumarsi dal

1/4/1945

to

al 30/4/1945

No. days

N° giorni 30

Ration Strength

Forza da Viaggiatore

400

Single Scale

Tipo Unico

400

Travelling

da Viaggio

Hospital

Ospedale

Total Number Rations

Numero Totale Razioni

12000

Single Scale

Tipo Unico

12000

Travelling

da Viaggio

Hospital

Ospedale

Depot

Magazzino

108 D.I.D.

ITEM GENERE	Veleno per tas pi	FLAT	Cirascos	Spirito donna turato
QUANTITY QUANTITATIVO	Supply to be used, 10 kg. each	8 gals	24 lb	2 gals
ITEM GENERE	Petrolio (lampada n. 220)			
QUANTITY QUANTITATIVO				
ITEM GENERE				
QUANTITY QUANTITATIVO				
ITEM GENERE				
QUANTITY QUANTITATIVO				

Signature of Officer
of Unit Demanding

IL CAPITANO COMANDANTE (Guido Miraglia)

Guido Miraglia

Firma di un Ufficiale
del Reparto PrelevanteCounter Signature of Officer
of Unit Demanding

IL REGIONE VICE RELATORE (Renzo Alfieri)

Renzo Alfieri

Firma di un Ufficiale
del Reparto PrelevanteSignature of Officer
Consigning Issuing DepotFirma del Consegretario
del Magazzino cedenteSignature of Person taking
delivery of rationFirma di chi prende
le razioniDate
ration drawn

2 aprile 1945

Data di prelevamento
delle razioniThis copy to be retained by unit drawing rations
Questa copia sarà ritenuta dal reparto prelevante

1284

Unit No. 1st		R.M.		D.I.S. B		Voucher No. 765	
Unit Designation 1st Battalion 1st Infantry				Type FORD		Issued To Det	
UNIT NO.						CODE 101	
Ration for Consumption		From	To	Days	Strength	Ration	
		1	30 April	30	355	255	
Remarks: 8th OFF. MOBILE PT. 1st						Total 100 D.I.B.	
Pineapple flycatcher 110 lbs							
H. L. 65. 3rd 137 5 lbs							
Cucumbers 14 lbs							
Milk 1 qt Milk 6 milkmaid 1 gal							
Signature of Unit demanding							
1 Officer		1 Officer		Person Taking		Date of	
1st 1st		1st 1st		Delivery of rations		Issue	
1st 1st		1st 1st		1st 1st		2-4-1945	

Signature of officer commanding issuing depot.

Shanton

Voucher No

of Unit Demanding

N° di serie del

Reparto prelevante

BUONO DI PRELEVAMENTO

10

Unit 413. Reggimento I. P.

Reparto

PIOTONE COMANDO

Rations for consumption from

Revisions da consumarsi dal 1 APR 1945

to

30 APR 1945

N° days

N° giorni

30

Ration Strength

130

Forza da vettovagliare

prelevamento disinfectante e disinfestante

Total number rations

Totale numero razioni

PER 3900 uomini al mese

Depot

Magazzino

II. D 108

ITEM Polvere per sterilizzare

GENERE

box

WSP

Pomata antizanzara

RM 6000

QUANTITY

QUANTITATIVO

Libbre 2

Libbre 54

ITEM

Tablets remove

Isol

GENERE

FR

QUANTITY

QUANTITATIVO

Libbre 26

Pints 2

ITEM

Preparato antimosche

Preparato contro i topi

GENERE

Fly tablets

QUANTITY

QUANTITATIVO

Gallone 60

Once 2

ITEM

A. L. 63 Powder

Materiali per fumigazioni

GENERE

fly tablets

QUANTITY

QUANTITATIVO

Libbre 3

Once 3

ITEM

Soluzione antizanzara

Cresoto liquido

GENERE

RM spray

QUANTITY

QUANTITATIVO

Gallone 3

Once 8

ITEM

Alcool metilico

Melavici

GENERE

fly tablets

QUANTITY

QUANTITATIVO

Gallone 2 1/2

Gallone 4

ITEM

fly tablets

ITEM	Preparato antimosche	Preparato contro i topi
GENERE	Flycatcher	
QUANTITATIVO	60	Once 2
ITEM	A.L.63 Powder	Materiali per fumigazioni
GENERE		
QUANTITATIVO	Libbre 3	Once 3
ITEM	Soluzione antizanzara	Crescoto liquido
GENERE	AM spray	Solid 8 lb
QUANTITATIVO		
ITEM	Alcool metilico	Disinfectante
GENERE		Malariol
QUANTITATIVO	Gallone 3	
ITEM	Paria green	Gallone 4
GENERE	no handled by	
QUANTITATIVO	Hyd. tank	
ITEM		
GENERE		
QUANTITATIVO	Gallone 2	

Firma di un ufficiale
del reparto prelevante

Dr. Alessandro M. P. P.

Controfirma di uff.le
del reparto prelevante

U. P. P.

Firma del consegnatario
del magazzino cedente

Dr. P. P.

Firma di chi preleva
le razioni

Dr. P. P. 137

Data di prelevamento
delle razioni

2. IV

WAR DEPARTMENT
D. M. C. Form No. 134
Revised June 15, 1942

SHIPPING TICKET

SEP 11 1945

CONSIGNOR: BRITISH GOVERNMENT

BR. MED. No 136

DATE SHIPPED OR DELIVERED 2 APRIL 1945

SHIP TO:

ITALIAN GOVERNMENT

AUTHORITY OR REQ. No.

TRANSPORTATION COST OF \$

P/A No.

CHARGEABLE TO

QUANTITY		ARTICLE	UNIT	UNIT COST	TOTAL COST
ORDERED	SHIPPED				
	427	Anti Mosquito Cream	lb		
	5	Isal	Pint		
	24	A.L. 63 Mk 11	lb		
	22	Anti Mosquito Spray	Gal		
	71	Cresol Solid	lb		
	446	Flycatchers	No		
	20	Malariaol	Gal		
	2.3/4	Methylated Spirits	Gal		
	9	Water Sterilising Padr	lb		
	124	Taste Remover Tablets	No		

The above figures are compiled from Forms ST 8 No 762, No 760, No 755, No 780, No 740, No 751, No 750

Per authority AFHQ Ltr. 400/105 DO. dated 22 Sept 44
The above items were shipped to the Italian Armed Forces
From 108 D.I.D.
To Italian Military
On 2 Apr 45

MAJOR GENERAL
MILITARY MISSION ITALIAN ARMY
ALLIED REPRESENTATIVE

4974

ARTICLES LISTED IN COLUMN "ORDERED" HAVE BEEN RECEIVED UNLESS OTHERWISE NOTED IN COLUMN "SHIPPED"

CONSIGNOR'S VOL. No.
CONSIGNEE'S VOL. No.
NUMBER OF SHEETS

Wt. from	1 gal	Wt. 13	Wt. 13	Wt. 13	Wt. 13	Wt. 13	Wt. 13
80 lbs	1 gal	11 lbs	2 gall	12 lbs	100	6 gall	5 gall
80 lbs	1 gal	11 lbs	11 gall	12 lbs	120	7 gall	
40 lbs	2 lbs	5 lbs	2 gall	13 lbs	110	7 gall	
85 lbs	1 lb	4 lbs	4 gall	14 lbs	11		
12 lb		3 lbs	1 gall	4 lbs	100		
75 lb		1 lb	4 gall	2 lbs			
157	5	11 lbs	22	12 lbs			
551	5 R 300	11 lbs		11	406	20	
4 lbs	60	15 gall					
4 lbs	56	1 gall					
1 lb	8						
9	124	20					

762

249. *Chel. Vir. Gay*
 Col. Apr. 45. *Chel. Vir. 45* No. 1 vs. 30
 220. *Bingie* *Teovellina*
Tio Union *de Victoria*
 6600. *Bingie* *Teovellina*
Tio Union *de Victoria*
 108 D. I. D. R. A. S. C.

Salt Nos - Green	12 lb	4.2.63.
80 lb	1 pint	4 lb
Salt Nos - Gray	Green	
4 gally	12 lb	
	<i>[Signature]</i>	136

Signature of _____ 4972
 Commanding Officer _____
 Signature of person making delivery of order _____
 Date order given _____

THIS COPY TO BE RETAINED IN THE
CONTA CORIA PARA RICHOTA DO

19

Rated Strength

Per 100 lbs. 2.23

Net Weight

Gross Weight

Date

Remarks

Anti Mosquito
broom

80 lbs. 1 pint 100 4 lbs.

Anti Mosquito
broom

80 lbs. 1 pint 100 4 lbs.

Anti Mosquito
broom

80 lbs. 1 pint 100 4 lbs.

Anti Mosquito
broom

80 lbs. 1 pint 100 4 lbs.

Anti Mosquito
broom

80 lbs. 1 pint 100 4 lbs.

Anti Mosquito
broom

80 lbs. 1 pint 100 4 lbs.

Anti Mosquito
broom

80 lbs. 1 pint 100 4 lbs.

Anti Mosquito
broom

80 lbs. 1 pint 100 4 lbs.

Anti Mosquito
broom

80 lbs. 1 pint 100 4 lbs.

Anti Mosquito
broom

80 lbs. 1 pint 100 4 lbs.

4971

Signature of Officer

Signature of Officer

Signature of Officer

Signature of Officer

Signature of Officer

Signature of Officer

Signature of Officer

Signature of Officer

Signature of Officer

Signature of Officer

Signature of Officer

Date

Return drawn

Date of payment

Date of payment

THIS COPY IS RETURNED TO THE ISSUING OFFICE

WITHIN 10 DAYS OF THE DATE OF ISSUANCE

IF NOT RETURNED WITHIN THE ABOVE PERIOD

THE COPY WILL BE DESTROYED

EXCEPT WHERE SHOWN OTHERWISE

ON THE FACE OF THE COPY

OR BY THE ISSUING OFFICE

OR BY THE RECEIVING OFFICE

OR BY THE ISSUING OFFICE

NAVYON TARIFF NOTE

Luogo di provenienza

Collection # 110 2 82

Order #
Unit Demand
It serie del
Artto proveniente 1 DIS/ITAL

lit. 250 Coy P.I.

Non for consumption from
fienti da consumo del

APRIL 1951

Non strength
ma da vett/re 250

Single scale
Tipo unico

Not number ratione
loale rationi

Single scale
Tipo unico

108 2 12

WATER STERILISING POWDER

ANTI MOSQUITO CREAM

TASTE REMOVER TABLETS

12AL

FLY CATCHERS

A.L. 63 POWDER

ANTI MOSQUITO SPRAY

CRESOL

METHYLATED SPIRITS

MALARIAL

PARIS GREEN

ATTENTIVO

ATTENTIVO

ATTENTIVO

Signature of Officer
Unit Demand

Per P. P. P.

Signature of Officer
Unit Demand

Per P. P. P.

Signature of Officer
Unit Demand

755

Voucher #
of issuing Dept
N° di serie del
Leggiamo cedente

N° days
N° giorni 31

Travelling
da viaggio - Ospedale

Travelling
da viaggio - Ospedale

4 1b

94 1b

60

2 1b

120

5 1b

5 GAL

2 1b 15 1b

1 1b

2 1b

3 1b

4970

Br. P. P. P. 136

Firma di un ufficiale
del reparto prelevante

Controfirma di un
ufficiale del reparto prelevante

1293

785020

ion strength 250
da valet/ro
nol number ratione
ofale ratione

travelling hospital
da viaggio = ospedale
travelling hospital
da viaggio = ospedale

108 D.1.D.

WATER STERILISING POWDER

ANTI MOSQUITO CREAM

TASTE REMOVER TABLETS

IZAL

FLY CATCHERS

A.L. 63 POWDER

ANTI MOSQUITO SPRAY

CRESOL

METHYLATED SPIRITS

MALARIAL

PARIS GREEN

4 lb

94 lb

60

2 PINTS

120

5 lb

5 GAL

2 1/2 GAL

1 1/2 GAL

2 1/2 GAL

3 1/2 GAL

4970

Dr. J. J. 136

Signature of Officer
Unit Despatching

Signature of Officer
Unit Despatching

Signature of Officer
Unit Despatching

Signature of Officer
Unit Despatching

Signature of Officer
Unit Despatching

Signature of Officer
Unit Despatching

This copy to be retained by unit issuing ration
books copy to be retained by unit issuing ration

H.E.
Rations Issue .NOT
Buono di prelevamento

M.M.I.A. FROM ST/8

Voucher N.
Of Unit. Demanding. 1
N. di serie del
Reparto prelevante

Voucher N. 13480
Of issue Depot
N. di serie del magazzino
cedente

UNIT
Reparto 256 1st Air Bn.
Rations for consumption

FROM 1 APRIL TO 30 APRIL N. Days 30

Razioni da consumarsi
Rations for straight 226
Forza d'attrezzatura
Total number rations
Numero totale razioni
D E P O T
Magazzino 108 DID

Dal	Al	n. Giorni
Single scale	Travelling	Hospital
Tipo unico	da viaggio	Casale
Single scale	Travelling	Hospital
Tipo unico	da viaggio	Casale

I T E M	Water sterilising	Anti-mosquito	Taste remover	Izal
Genere	powder	cream	tablets	
Quantity	4 lbs	85 lbs	56 tablets	1 pint
Quantitativo				

I T E M	Flycatchers	Powder	AL. 63	Powder
Genere		Powder	Powder	Powder
Quantity	110		4 lbs	
Quantitativo				

I T E M	Anti-mosquito	Cresoli	Butterfly	Spirit
Genere	Spray			
Quantity	4 gals	14 lbs		
Quantitativo				

I T E M	Malariaol	Powder
Genere		
Quantity	7 gals	
Quantitativo		

Signature of officer of unit demanding	<i>T. H. Brown</i>	Firma dell'ufficiale del reparto prelevante
Counter signature of officer of unit demanding	<i>L. H. Brown</i>	Controfirma di un'ufficiale del reparto prelevante
Signature of officer commanding issue Depot	<i>L. H. Brown</i>	Firma del consegnatario del magazzino cedente
Signature of person taking delivery of rations	<i>W. H. Brown</i>	Firma di chi preleva le razioni

Date _____
Date

Date del prelevamento delle razioni.

3.2.

STATIONS ISSUE NOTE
BUCAO DI PRELEVAMENTO

IN LIEU OF ALLIANCE

Voucher No
of Unit demanding.
No de serie del
numero prelevante.....2.....

Voucher No

of Issuing Depot

No di serie del

deposizione cedente.....

UNIT
PARADISO..... 4 COY Italian Traffic Control. Attached 48 Coy C.M.F. (1/2)
Rations for consumption from 1 to 30 April 20 days
Ration de consommation del..... 120..... 20 days
Ration strength
Ration de Votroviaglieri.. 120..... 20 days
Total number rations
Numero folles Razioni..... 120..... 20 days

ISSUE
ISSUE..... 106 P.I.D.

ISSUE
ISSUE..... A.L. 63 Cresoli

QUANTITY
QUANTITATIVO..... 2 lbs 4 lb

QUANTITY
QUANTITATIVO..... 2 lbs 4 lb

QUANTITY
QUANTITATIVO..... 2 lbs 4 lb

QUANTITY
QUANTITATIVO..... 2 lbs 4 lb

QUANTITY
QUANTITATIVO..... 2 lbs 4 lb

QUANTITY
QUANTITATIVO..... 2 lbs 4 lb

QUANTITY
QUANTITATIVO..... 2 lbs 4 lb

QUANTITY
QUANTITATIVO..... 2 lbs 4 lb

QUANTITY
QUANTITATIVO..... 2 lbs 4 lb

QUANTITY
QUANTITATIVO..... 2 lbs 4 lb

Signature of Officer 4965

Signature of Officer 4965

[illegible]

2004

[illegible]

7-201-4466776

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DATE _____

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[illegible]

1994:171

1994

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Q. M. Weyman
Capt

8967

Gruppo Ban. Ferrovieri Mob.

"PEROTTI"

COMANDO

R. I.
RATTA FARM. NOZ
BUONO DI FARMACAMENTON. di serie del
Magazzino cedenteN. di serie del
Magazzino cedente

Carichi da consegnare dal... 1... al... 30... N. giorni... 30

Pesi da consegnare... 30... Tipo unico... da viaggio... Ospedale

Pesi da consegnare... 30... Tipo unico... da viaggio... Ospedale

Pesi da consegnare... 10.8... da viaggio... Ospedale

Pesi da consegnare... 10.8... da viaggio... Ospedale

Pesi da consegnare... 10.8... da viaggio... Ospedale

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Pesi da consegnare... 10.8... da viaggio... Ospedale

Pesi da consegnare... 10.8... da viaggio... Ospedale



L'UFFICIALE POSTO

Gen. Castelli

TANTE MAGGIORE

Gen. Castelli

Gen. Castelli

Gen. Castelli

Gen. Castelli

Gen. Castelli

Gen. Castelli

Gen. Castelli

Gen. Castelli

Gen. Castelli

Gen. Castelli

Pesi da consegnare... 10.8... da viaggio... Ospedale

Pesi da consegnare... 10.8... da viaggio... Ospedale

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Pesi da consegnare... 10.8... da viaggio... Ospedale

Pesi da consegnare... 10.8... da viaggio... Ospedale

Pesi da consegnare... 10.8... da viaggio... Ospedale

4967

WAR DEPARTMENT
O. M. C. Form No. 431
Revised June 30, 1942

SHIPPING TICKET

SEP 11 1945

CONSIGNOR: BRITISH GOVERNMENT

BR. MED. No 135

DATE SHIPPED OR DELIVERED: 2 APRIL 1945

SHIP TO:

ITALIAN GOVERNMENT

AUTHORITY OR REQ. No.

TRANSPORTATION COST OF \$

CHARGEABLE TO

P/A No.

QUANTITY		ARTICLE	UNIT	UNIT COST	TOTAL COST
ORDERED	SHIPPED				
	25	A.L. 63 Mk 11	lb		
	664	Flycatchers	No		
	82	Creseli Solid	lb		
	12	Water Sterilizing Pwdr	lb		
	409	Anti Mosquito Cream	lb		
	192	Taste Remover Tablets	No		
	23	Anti Mosquito Spray	Gal		
	5 1/2	Methylated Spirits	Gal		
	27	Malariaol	Gal		
	3	Isal	Pints		

The above figures are compiled from Form ST 8 No 742,
No 787, No 793, No 785, No 773, No 746,

For authority AFHQ Ltr. 400/105 DO. dated 22 Sept 44
The above items were shipped to the Italian Armed Forces
From 108 D.I.D.
To Italian Military
On 2 Apr 45

MAJOR GENERAL
MILITARY MISSION ITALIAN ARMY
ALLIED REPRESENTATIVE

4965

ARTICLES LISTED IN COLUMN "ORDERED" HAVE BEEN RECEIVED UNLESS
OTHERWISE NOTED IN COLUMN "SHIPPED"

L. IS. T. T. O. P.
NAME

CONSIGNEE'S VOL. No.
CONSIGNEE'S VOL. No.
NUMBER OF SHEETS

4964

DISINFECTANTS ETC. 0

REMARKS 3

NOTICE: 19907 NOTE
19906 PER 1. 10. 1990

Number of...
...
...
...

Number of...
...
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...

2317 REP. ITAL. COT. PL.

PER 25 SQUADRA PANDITON da Campo ...

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4963

L. Ten. G. Boracchi

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R. E.

RATIONS ISSUE NOTE
BUONO DI PRELEVAMENTO

MMIA FORM 57A

Voucher No.
of Unit Despatching
N° di Serie del
Reparto prelevante 546

Voucher No.
of Issuing Depot
N° di Serie del
Magazzino cedente 487

Unit
Reparto 13 COMPAGNIA GENIERI - COMANDO GENIO 209 DIV - 28 BTG ART

Rations for consumption from 1-4-45 to 30-4-45 No. days 30 [TRENCA]
Razioni da consumarsi dal al N. giorni

Ration Strength 330
Forza da Vettovagliare

Single Scale
Tipo Unico

Travelling
da Viaggio

Hospital
Ospedale

Total Number Rations
Numero Totale Razioni

Single Scale
Tipo Unico

Travelling
da Viaggio

Hospital
Ospedale

Depot 108 D.I.D.
Magazzino

ITEM GENERE	WSP (Lb)	HM Gram	T & T	
QUANTITY QUANTITATIVO	5 (lb)	70 (lb)	80 (tablets)	
ITEM GENERE	fly catchers	AL 63	AM spray	Cresol
QUANTITY QUANTITATIVO	160	6 (lb)	6 gals	20 (lb)
ITEM GENERE	Milk Spirit	Material		
QUANTITY QUANTITATIVO	2 gals	10 gals		
ITEM GENERE				
QUANTITY QUANTITATIVO				

Signature of Officer
of Unit Despatching

Counter Signature of Officer
of Unit Despatching

Signature of Officer
Commanding Issuing Depot

Signature of Person taking
delivery of rations

Date
ration drawn

[Signature]

[Signature]

[Signature]

Serg. A. U. C. pia w parlovalet -

2 APRILE - 1945

Firma di un Ufficiale
del Reparto Prelevante

Controfirma di un Ufficiale
del Reparto prelevante

Firma del Comandante
del Magazzino cedente

Firma di chi preleva
le razioni

Data di prelevamento
delle razioni

This copy to be retained by issuing depot
Questa copia sarà ritenuta dal magazzino cedente

R. E.

RATIONS ISSUE NOTE
BUONO DI PRELEVAMENTO

MMIA FORM ST/8

Voucher No.
of Unit Demanding
N° di Serie del
Reparto prelevante

10

Voucher No.
of Issuing Depot
N° di Serie del
Magazzino cedente

793

Unit

Reparto

Rations for consumption from
Razioni da consumarsi dal

1004 Reparto Antieri AM
Hose di Spirite

No. days
N° giorni

Ration Strength

400

Forza da Vettovagliare

Total Number Rations

400

Numero Totale Razioni

Depot

Magazzino

108 DID = DISINFETTANTI

ITEM GENERE	polvere per stoviglie WSP	crema antizanzare A.M. Cream	pillole per tollerare calore repor-TRT	Bzoh
QUANTITY QUANTITATIVO	lbs 6	lbs 150	lbs 100	1/4 gall 2
ITEM GENERE	insetticida Fly catching	Adamo per Top	A.L. 63 polvere antiparassitaria	Ammoniac
QUANTITY QUANTITATIVO	N° 200	1/8 lbs	8 lbs	N° 2
ITEM GENERE	liquido insetticida H.M. Spray	Oreosolo	spirito metilico lato	molochol
QUANTITY QUANTITATIVO	8 galls	24 lbs 4 galls	2 galls	10 galls
ITEM GENERE	Acido Perigi Paris green			
QUANTITY QUANTITATIVO	5 galls			

Signature of Officer
of Unit Demanding

Cap G. M. M. M. M. M.

Counter Signature of Officer
of Unit Demanding

Gen. del Reg. L. M. M. M.

Signature of Officer
Commanding Issuing Depot

200

Signature of Person taking
delivery of rations

Sinece

Date
rations drawn

2/IV

Firma di un Ufficiale
del Reparto Prelevante

Controfirma di un Ufficiale
del Reparto Prelevante

4967

Firma del Comandante
del Magazzino cedente

Firma di chi preleva
le razioni

Data di prelevamento
della razione

This copy to be retained by issuing depot
Questa copia sarà ritenuta dal magazzino cedente

21840

R. E.

COLLECTION N° 130

 RATIONS ISSUE NOTE
 BUONO DI PRELEVAMENTO

MMVA FORM ST-8

 Voucher No.
 of Unit Demanding
 N° di Serie del
 Reparto prelevante

7

 Voucher No.
 of Issuing Depot
 N° di Serie del
 Magazzino cedente

785

 Unit
 Reparto

Campo Sosta 207 Divisione Fanteria

 Rations for consumption from
 Razioni da consumarsi dal

1 IV to 30 IV

 No. days 30
 N. giorni

 Ration Strength
 Forza da Vettovagliare

50

 Single Scale
 Tipo Unico

 Traveling
 da Viaggio

 Hospital
 Ospedale

 Total Number Rations
 Numero Totale Razioni

50

 Single Scale
 Tipo Unico

 Traveling
 da Viaggio

 Hospital
 Ospedale

Depot

Magazzino

108 D.I.D.

ITEM GENERE	W S P	A H Cream	T R T	Fly Catchers
QUANTITY QUANTITATIVO	1 lb	19 lbs	12	24
ITEM GENERE	HL 63	AH Spray	Cresol	Moth Sprink
QUANTITY QUANTITATIVO	1 lb	1 gal	3 lb	1/2 gal
ITEM GENERE				
QUANTITY QUANTITATIVO				35
ITEM GENERE				
QUANTITY QUANTITATIVO				

 Signature of Officer
 of Unit Demanding

[Signature]

 Firma di un Ufficiale
 del Reparto Prelevante

 Counter Signature of Officer
 of Unit Demanding

[Signature]

 Controfirma di un Ufficiale
 del Reparto prelevante

 Signature of Officer
 Demanding Issuing Depot

[Signature]

 Firma del Consegnatario
 del Magazzino cedente

 Signature of Person taking
 delivery of rations

[Signature]

 Firma di chi preleva
 le razioni

 Date
 razioni drawn

2 IV

 Data di prelevamento
 delle razioni

 This copy to be retained by unit drawing rations
 Questa copia sarà ritenuta dal reparto prelevante

406 REGGIMENTO PIONIERI ITALIANI
172 Compagnia

Unit 478. *Rations Issue Note* 773
 Rations for consumption from April 1st to April 30th days 30
 Rations brought 229
 Total number rations 229 for men 1/2
 Depot 118 D. I. D.

35 4959

IL CAPITANO
Comandante la Compagnia
(Giacinto Lupatini)

IL CAPITANO
Comandante la Compagnia
(Morto, Capone)

2, IV

He attended the [illegible] (Dante Capone)

R. D.

MMIA FORM ST/8

 Voucher No.
of Unit Demanding
N° di Serie del
Reparto prelevante

 RATIONS ISSUE NOTE
BUONO DI PRELEVAMENTO

 Voucher No.
of Issuing Depot
N° di Serie del
Magazzino cedente

 Unit
Reparto

 Rations for consumption from
Razioni da consumarsi dal

1. 4. 45

to

al

30. 4. 45

No. days

N° giorni

30

 Ration Strength
Forza da Vettovagliare

230

 Single Scale
Tipo Unico

 Travelling
da Viaggio

 Hospital
Ospedale

 Total Number Rations
Numero Totale Razioni

 Single Scale
Tipo Unico

 Travelling
da Viaggio

 Hospital
Ospedale

Depot

Magazzino

108. 21. 7

ITEM GENERE	Butter Margarine	12 lb	Butter Margarine	12 lb
QUANTITY QUANTITATIVO	85 lb	1 pot	110	100 lb
ITEM GENERE	Butter Margarine	12 lb	Butter Margarine	12 lb
QUANTITY QUANTITATIVO	4 lb	4 gal	14 lb	7 gal
ITEM GENERE	Butter Margarine	12 lb	Butter Margarine	12 lb
QUANTITY QUANTITATIVO	14 lb	14 lb	35	35
ITEM GENERE	Butter Margarine	12 lb	Butter Margarine	12 lb
QUANTITY QUANTITATIVO				

 Signature of Officer
of Unit Demanding

 Counter Signature of Officer
of Unit Demanding

 Signature of Officer
Commanding Issuing Depot

 Signature of Person taking
delivery of rations

 Date
rations drawn

 Firma di un Ufficiale
del Reparto Prelevante

 Firma di un Ufficiale
del Reparto Prelevante

 Firma del Comandante
del Magazzino cedente

 Firma di chi preleva
le razioni

 Data di prelievo
delle razioni

 This copy to be retained by issuing depot
Questa copia sarà ritenuta dal magazzino cedente

WAR DEPARTMENT
Q. M. C. Form No. 134
Revised June 10, 1943

SHIPPING TICKET

SEP 11 1945

CONSIGNOR: BRITISH GOVERNMENT

BR.MED.No 134

DATE SHIPPED OR DELIVERED 9 APRIL 1945

SHIP TO: ITALIAN GOVERNMENT

AUTHORITY OR REQ. No.

TRANSPORTATION COST OF \$

P/A No.

CHARGEABLE TO

QUANTITY		ARTICLE	UNIT	UNIT COST	TOTAL COST
ORDERED	SHIPPED				
	146	Anti Mosquito Spray	Gal		
	139	A.L.63 Mk 11	lb		
	2412	Anti Mosquito Cream	lb		
	32	Methylated Spirits	Gal		
	60	Flycatchers	No		
	5.1/4	Izal	Gal		
	68	CHESOLI	Gal		
	189	Malariaol	Gal		
	99	Water sterilising Pwdr	lb		
	1525	Taste Remover Tablets	No		
	10	Rat-Bait	lb		
	84	Paris Green	lb		

The above figures are compiled from Forms ST 8 No 94, No 108, No 99, No 106, No 120, No 150, No 166, No 167, No 168

Per authority AFHQ Ltr.-400/105 DC. dated 22 Sept 44
The above items were shipped to the Italian Armed Forces
From 11 D.I.D.
To Italian Military
On 9 Apr 45

MAJOR GENERAL
MILITARY MISSION ITALIAN ARMY
ALLIED REPRESENTATIVE

4956

ARTICLES LISTED IN COLUMN "ORDERED" HAVE BEEN RECEIVED UNLESS OTHERWISE NOTED IN COLUMN "SHIPPED"

CONSIGNEE'S VOL. No.
CONSIGNEE'S VOL. No.
NUMBER OF SHEETS

APPENDIX A

COM. I / 401 RGT.

IMIA FORM ST/B

RATIONS ISSUE NOTE BUONO DI PRELEVAMENTO

Voucher No. of Unit demanding
 N. di Serie del
 Reparto prelevante 108/6/30

Voucher No. of Issuing Depot
 N. di Serie del
 Magazzino cedente 94

Unit
 Reparto 108 Italian Pioneer Company

Rations for consumption from APRIL to No. days
 Razioni da consumarsi dal 1945 al No. giorni

Ration Strength 205 Single Scale Travelling Hospital
 Forza da Vettovagliare Tipo Unico da Viaggio Ospedale

Total Number Rations Single Scale Travelling Hospital
 Numero Totale Razioni Tipo Unico da Viaggio Ospedale

Depot
 Magazzino No. II D.I.D. (Misc. & Misc.)

Item
 Genere
 Quantity
 Quantitativo

Item
 Genere
 Quantity
 Quantitativo

Item
 Genere
 Quantity
 Quantitativo

Item
 Genere
 Quantity
 Quantitativo

Signature of Officer
 of Unit demanding

Counter signature of Officer
 of Unit demanding

Signature of Officer
 Commanding Issuing Depot

Signature of Persons taking
 delivery of rations

Date rations
 drawn 9/4/45

Firma di un Ufficiale del
 Reparto prelevante

Controfirma di un Ufficiale
 del Reparto Prelevante 6954

Firma del Consegnatario
 del Magazzino cedente

Firma di chi preleva le ra-
 zioni

Data di prelevamento delle
 Razioni

This copy to be retained by unit drawing rations.
 Questa copia sarà ritenuta dal reparto prelevante

NOTE: This form (Mil. FORM ST/B) is provided by the ITALIAN ARMY for all Units.

ANTI-MOSQUITO SPRAY

DATE FOR 10/3

DATE OF ISSUE 1000
NAME OF PRESENTATION

Number of
Issuing Office
of the service of
signature and file

108

Number of
Date of issue
of the service of
signature and file

116/92

Unit
Number 116 Compagnie Topier, 2/10/11

Number of copies of the document
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of 30.4.45 30

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Number of copies of the document
of 30.4.45 30

Total number of copies
Number of copies of the document
of 30.4.45 30

11-11-11

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Number of copies of the document
of 30.4.45 30

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Number of copies of the document
of 30.4.45 30

Signature of the officer
of this document
Number of copies of the document
of this document
Signature of the officer
of this document

R. E.

MMIA FORM ST/8

RATIONS ISSUE NOTE
BUONO DI PRELEVAMENTO

Voucher No.
of Unit Demanding
No. di serie del
Reparto prelevante

76

Voucher No.
of Issuing Depot
No. di Serie del
Magazzino cedente

97

Unit

Reparto

109

Etat Par Cap (AR. ITI.)

Rations for consumption from
Razioni da consumarsi dal

1945

to
al

31/45

No. days

No. giorni 31

Ration Strength

Forza da vettovagliare

228

Single Scale

Tipo Unico

Travelling

da Viaggio

Hospital

Ospedale

Total Number Rations

Numero Totale Razioni

Single Scale

Tipo Unico

Travelling

da Viaggio

Hospital

Ospedale

Depot

Magazzino

11 D 1 D

Misc & Dis.

ITEM GENERE	114 63 Powder	Anta Morgue's Cream	Methylated Spirits	Cocoa
QUANTITY QUANTITATIVO	112 4	112 75	112 134	112 134
ITEM GENERE	Fly Catchers	Anta Morgue's Cream		
QUANTITY QUANTITATIVO	96	112 134		
ITEM GENERE				
QUANTITY QUANTITATIVO				
ITEM GENERE				
QUANTITY QUANTITATIVO				

Signature of Officer
of Unit Demanding

Counter Signature of Officer
of Unit Demanding

Signature of Officer
Commanding Issuing Depot

Signature of Person taking
delivery of rations

Date
rations drawn

Firma di Ufficiale
del Reparto prelevante

Controfirma di un Ufficiale
del Reparto prelevante

Firma del Comandante
del Magazzino cedente

Firma di chi preleva
le razioni

Data di prelevamento
delle razioni

This copy to be retained by unit drawing rations
Questa copia sarà ritenuta dal reparto prelevante

Report
 Ration for consumption from
 Rapporto da consumazione dal
 Ration Strength
 Forza da vettovagliare
 215
 Total Number Rations
 Numero totale razioni
 430
 Depot
 Deposito
 11. D. 1. D.

ITEM
 GENERI
 QUANTITY
 QUANTITATIVO
 75 lbs
 ANTI-MOSQUITO CREAM
 1296
 2 pounds

ITEM
 GENERI
 QUANTITY
 QUANTITATIVO
 96
 4 lbs
 FLYCATCHERS
 A.L. 63
 ANTI-MOSQUITO SPRAY
 4 cans

ITEM
 GENERI
 QUANTITY
 QUANTITATIVO
 2 cans
 6 cans
 CRESONI
 METH SPIRITS
 MALARIAL

ITEM
 GENERI
 QUANTITY
 QUANTITATIVO
 1344951
 IL COMENDANTE LA 372

Signature of office
 of Unit demanding
 Firma di ufficiale del
 Reparto prelevante

Commander signature of Officer
 of Unit demanding
 Controfirma di un Ufficiale
 del Reparto prelevante

Signature of Officer
 Commanding Issuing Depot
 Firma del Conseggiatario
 del Magazzino cedente

Signature of Persons taking
 delivery of rations
 Firma di chi preleva le
 razioni

Date ration
 drawn
 30 April 1945
 Data di prelevamento delle
 razioni

This copy to be retained by unit drawing rations
 Questa copia sarà conservata dal reparto prelevante

NOTE: This form (MMA FORM 51/6) is provided by the ITALIAN ARMY for all Units.

R. E.

DISINFECTANTS

MMIA FORM 57A

RATIONS ISSUE NOTE
BUONO DI PRELEVAMENTO

Voucher No.
of Unit Demanding
N° di Serie del
Reparto prelevante 49

Voucher No.
of Issuing Depot
N° di Serie del
Magazzino cedente 120

Unit
Reparto 3° Battaglione 3° Compagnia Reparto

Rations for consumption from
Razioni da consumarsi dal 1/5/45 to al 31/5/45 No. days
N° giorni 31

Ration Strength 101 Single Scale Travelling Hospital
Forza da Vettovagliare Tipo Unico da Viaggio Ospedale
Total Number Rations Single Scale Travelling Hospital
Numero Totale Razioni Tipo Unico da Viaggio Ospedale

Depot
Magazzino H D I D QMSC

ITEM GENERE	ANTI MOS SPRAY	MARSHMAL	FWY Cate used	
QUANTITY QUANTITATIVO	2 GALS	3 GALS	48	
ITEM GENERE	W/S PDR.	TR TABS.		
QUANTITY QUANTITATIVO	1 LB.	25		
ITEM GENERE				
QUANTITY QUANTITATIVO				
ITEM GENERE				
QUANTITY QUANTITATIVO				

Signature of Officer
of Unit Demanding

Signature of Officer of Unit Demanding

Firma di un Ufficiale
del Reparto Prelevante

Counter Signature of Officer
of Unit Demanding

ROBERT M. FLEU,
1ST LT. INF. REGT.

Controfirma di un Ufficiale
del Reparto Prelevante

Signature of Officer
Commanding Issuing Depot



Firma del Proprietario
del Magazzino cedente

Signature of Person taking
delivery of rations

Signature of Person taking delivery of rations

Firma di chi preleva
le razioni

Date
rations drawn

30/4/45

Data di prelevamento
delle razioni

This copy to be retained by issuing depot
Questa copia sarà ritenuta dal magazzino cedente

2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017 2018 2019 2020 2021 2022 2023 2024 2025 2026 2027 2028 2029 2030 2031 2032 2033 2034 2035 2036 2037 2038 2039 2040 2041 2042 2043 2044 2045 2046 2047 2048 2049 2050 2051 2052 2053 2054 2055 2056 2057 2058 2059 2060 2061 2062 2063 2064 2065 2066 2067 2068 2069 2070 2071 2072 2073 2074 2075 2076 2077 2078 2079 2080 2081 2082 2083 2084 2085 2086 2087 2088 2089 2090 2091 2092 2093 2094 2095 2096 2097 2098 2099 2100 2101 2102 2103 2104 2105 2106 2107 2108 2109 2110 2111 2112 2113 2114 2115 2116 2117 2118 2119 2120 2121 2122 2123 2124 2125 2126 2127 2128 2129 2130 2131 2132 2133 2134 2135 2136 2137 2138 2139 2140 2141 2142 2143 2144 2145 2146 2147 2148 2149 2150 2151 2152 2153 2154 2155 2156 2157 2158 2159 2160 2161 2162 2163 2164 2165 2166 2167 2168 2169 2170 2171 2172 2173 2174 2175 2176 2177 2178 2179 2180 2181 2182 2183 2184 2185 2186 2187 2188 2189 2190 2191 2192 2193 2194 2195 2196 2197 2198 2199 2200 2201 2202 2203 2204 2205 2206 2207 2208 2209 2210 2211 2212 2213 2214 2215 2216 2217 2218 2219 2220 2221 2222 2223 2224 2225 2226 2227 2228 2229 2230 2231 2232 2233 2234 2235 2236 2237 2238 2239 2240 2241 2242 2243 2244 2245 2246 2247 2248 2249 2250 2251 2252 2253 2254 2255 2256 2257 2258 2259 2260 2261 2262 2263 2264 2265 2266 2267 2268 2269 2270 2271 2272 2273 2274 2275 2276 2277 2278 2279 2280 2281 2282 2283 2284 2285 2286 2287 2288 2289 2290 2291 2292 2293 2294 2295 2296 2297 2298 2299 2300 2301 2302 2303 2304 2305 2306 2307 2308 2309 2310 2311 2312 2313 2314 2315 2316 2317 2318 2319 2320 2321 2322 2323 2324 2325 2326 2327 2328 2329 2330 2331 2332 2333 2334 2335 2336 2337 2338 2339 2340 2341 2342 2343 2344 2345 2346 2347 2348 2349 2350 2351 2352 2353 2354 2355 2356 2357 2358 2359 2360 2361 2362 2363 2364 2365 2366 2367 2368 2369 2370 2371 2372 2373 2374 2375 2376 2377 2378 2379 2380 2381 2382 2383 2384 2385 2386 2387 2388 2389 2390 2391 2392 2393 2394 2395 2396 2397 2398 2399 2400 2401 2402 2403 2404 2405 2406 2407 2408 2409 2410 2411 2412 2413 2414 2415 2416 2417 2418 2419 2420 2421 2422 2423 2424 2425 2426 2427 2428 2429 2430 2431 2432 2433 2434 2435 2436 2437 2438 2439 2440 2441 2442 2443 2444 2445 2446 2447 2448 2449 2450 2451 2452 2453 2454 2455 2456 2457 2458 2459 2460 2461 2462 2463 2464 2465 2466 2467 2468 2469 2470 2471 2472 2473 2474 2475 2476 2477 2478 2479 2480 2481 2482 2483 2484 2485 2486 2487 2488 2489 2490 2491 2492 2493 2494 2495 2496 2497 2498 2499 2500 2501 2502 2503 2504 2505 2506 2507 2508 2509 2510 2511 2512 2513 2514 2515 2516 2517 2518 2519 2520 2521 2522 2523 2524 2525 2526 2527 2528 2529 2530 2531 2532 2533 2534 2535 2536 2537 2538 2539 2540 2541 2542 2543 2544 2545 2546 2547 2548 2549 2550 2551 2552 2553 2554 2555 2556 2557 2558 2559 2560 2561 2562 2563 2564 2565 2566 2567 2568 2569 2570 2571 2572 2573 2574 2575 2576 2577 2578 2579 2580 2581 2582 2583 2584 2585 2586 2587 2588 2589 2590 2591 2592 2593 2594 2595 2596 2597 2598 2599 2600 2601 2602 2603 2604 2605 2606 2607 2608 2609 2610 2611 2612 2613 2614 2615 2616 2617 2618 2619 2620 2621 2622 2623 2624 2625 2626 2627 2628 2629 2630 2631 2632 2633 2634 2635 2636 2637 2638 2639 2640 2641 2642 2643 2644 2645 2646 2647 2648 2649 2650 2651 2652 2653 2654 2655 2656 2657 2658 2659 2660 2661 2662 2663 2664 2665 2666 2667 2668 2669 2670 2671 2672 2673 2674 2675 2676 2677 2678 2679 2680 2681 2682 2683 2684 2685 2686 2687 2688 2689 2690 2691 2692 2693 2694 2695 2696 2697 2698 2699 2700 2701 2702 2703 2704 2705 2706 2707 2708 2709 2710 2711 2712 2713 2714 2715 2716 2717 2718 2719 2720 2721 2722 2723 2724 2725 2726 2727 2728 2729 2730 2731 2732 2733 2734 2735 2736 2737 2738 2739 2740 2741 2742 2743 2744 2745 2746 2747 2748 2749 2750 2751 2752 2753 2754 2755 2756 2757 2758 2759 2760 2761 2762 2763 2764 2765 2766 2767 2768 2769 2770 2771 2772 2773 2774 2775 2776 2777 2778 2779 2780 2781 2782 2783 2784 2785 2786 2787 2788 2789 2790 2791 2792 2793 2794 2795 2796 2797 2798 2799 2800 2801 2802 2803 2804 2805 2806 2807 2808 2809 2810 2811 2812 2813 2814 2815 2816 2817 2818 2819 2820 2821 2822

Form No. 100-100

of Testing Boot

№ 41 1970

PLANS FOR TRANSMISSION FROM	<i>May 45</i>	TO	<i>May 45</i>	Nº	DAYS
RELATIONS BY CONSTITUTIONAL DATE	<i>(May 45)</i>	TO	<i>(May 45)</i>	Nº	DAYS
					<i>31</i>
					<i>31</i>

STUDIES WITH TRAVELLING HOSPITAL
PATIENTS

STANLEY S. KANE
TRAVELER'S CHECK
0000 0420
devises de viajar

fishes contained by H.C. 2715 1/2
71 S.E. Area

DATE	DESCRIPTION	AMOUNT	BALANCE
1900	TO BALANCE		2250.00
1901	BY BALANCE		
1902	BY BALANCE		
1903	BY BALANCE		
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2010	BY BALANCE		
2011	BY BALANCE		

Sing
ITALIAN REINFORCEMENT PLATOON

STAMP DI UN'ESPRESSO
4949

Mr. Gaudin

CONSTITUTIONAL AND SPECIAL
JUDICIAL OFFICERS AND
COURT REPORTERS

0210 Wisco
A= Virginia capitol

Wason answered by the District Atty. Genl. - Messrs.

[illegible]

42

1000
1000
1000

7.07

20	50
21	50
22	57
23	58
24	58

1. *Chlorophyll a* (Chl a) is the primary photosynthetic pigment in most plants and algae. It is a green pigment that absorbs light energy in the blue and red regions of the visible spectrum. Chl a is essential for the light-dependent reactions of photosynthesis, where it converts light energy into chemical energy in the form of ATP and NADPH.

Figure 1

100

2000

SIGNATURE OF OFFICER.....*T. Long*.....*ITALIAN REINFORCEMENT DETACHMENT*
OF THE DEPARTMENT OF THE ARMY.....*RECEIVED 6949*
.....*DEPT OF THE ARMY*

Mr. Gallatin

Alfonsus J. J. J.

Wm. L. G.

26/4

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 05-01-2001 BY 60322 UCBAW



His 2 Disinfectants

[illegible]

WSP	1	AM. Luen	134
ALB	2		
Glycylaldehyde	20		
Linole	1		

134

7948

Spent 134

W S A
1
A M. L. S.
12 lb

A L L S
2

Hydrated

20

Prose

1

4948

to the

Mr. L.

L. S. L. S.

Mr. L.

L. S. L. S.



Spent

R. E.

RATIONS ISSUE NOTE
BUONO DI PRELEVAMENTO

MMIA FORM 81/B

Voucher No.
of Unit Demanding
N° di Serie del
Reparto prelevante381.º Battaglione Guardie
COMANDOVoucher No.
of Issuing Depot
N° di Serie del
Magazzino cedente

167

Unit
Reparto

Rations for consumption from

Razioni da consumarsi dal 1. 10. 20

to

al 30. 10. 20

No. days

N° giorni 30

Ration Strength

Forza da Vettovagliare

444 x 30

Single Scale

Tipo Unico

Travelling

da Viaggio

Hospital

Ospedale

Total Number Rations

Numero Totale Razioni

15320

Single Scale

Tipo Unico

Travelling

da Viaggio

Hospital

Ospedale

Depot

73 2. 2. 2. 1. 2. 1.

Magazzino

ITEM GENERE	Al. S.P.	Insedi.		
QUANTITY QUANTITATIVO	7	5		
ITEM GENERE	Al. L.S.	Alti.		
QUANTITY QUANTITATIVO	9	2		
ITEM GENERE	Al. L.S.			
QUANTITY QUANTITATIVO	220			
ITEM GENERE	A.M. S.P.			
QUANTITY QUANTITATIVO	9			

Signature of Officer
of Unit DemandingCounter Signature of Officer
of Unit DemandingSignature of Officer
Commanding Issuing DepotSignature of Person taking
delivery of rations

Date

Rations drawn

2. 10. 20

Firma di un Ufficiale
del Reparto PrelevanteControfirma di un Ufficiale
del Reparto PrelevanteFirma del Comandante
del Magazzino cedenteFirma di chi preleva
le razioniData di prelievo
delle razioniThis copy to be retained by issuing depot
Questa copia sarà ritenuta dal magazzino cedente

[illegible]

TOTAL NUMBER RATIONS
Numero totale razioni. 6000

SINGLE SOLE
Tipo unico

TRAVELLING HOSPITAL
da viaggio ospedale

DEPOT
Magazzino. U.D.I.D.

ITEM DESCRIZIONE	QUANTITA'	ITEM DESCRIZIONE	QUANTITA'
WATER SODIUM POWDER	90 lbs	WATER SODIUM POWDER	10 lbs
QUANTITATIVE		QUANTITATIVE	30 gals
ITEM DESCRIZIONE	QUANTITA'	ITEM DESCRIZIONE	QUANTITA'
TABLETS	1500	ALB POWDER	120 lbs
QUANTITATIVE		QUANTITATIVE	180 gals
ITEM DESCRIZIONE	QUANTITA'	ITEM DESCRIZIONE	QUANTITA'
12AL	5 gals	PARIS GREEN	84 lbs
QUANTITATIVE		QUANTITATIVE	
ITEM DESCRIZIONE	QUANTITA'	ITEM DESCRIZIONE	QUANTITA'
FLY CATCHER	2840	FLY CATCHER	60 gals
QUANTITATIVE		QUANTITATIVE	1840

SIGNATURE OF OFFICER...
OF UNIT DEMANDING OF 802, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100

COUNTER SIGNATURE OF OFFICER
OF UNIT DELIVERING...

SIGNATURE OF OFFICER
COMMANDED ISSUING DEPOT

SIGNATURE OF PERSON TAKING
DELIVERY OF RATIONS...

DATE
RATIONS DELIVERED...

THIS COPY TO BE RETURNED BY ISSUING DEPOT
Questo copia sarà ritornata dal magazzino cedente



WAR DEPARTMENT
D. M. C. Form No. 131
Revised June 12, 1942

SHIPPING TICKET

SEP 11 1945

CONSIGNOR: BRITISH GOVERNMENT

BR.MXD.No 133

DATE SHIPPED OR DELIVERED 15 MAY 1945

SHIP TO
ITALIAN GOVERNMENT

AUTHORITY OR REQ. No. 642

TRANSPORTATION COST OF \$

CHARGEABLE TO

P/A No.

QUANTITIES		ARTICLE	UNIT	UNIT COST	TOTAL COST
ORDERED	SHIPPED				
	200	Anti Mosquito Spray	Gal		
	200	Malariaol	Gal		

The above figures are compiled from Form SF 8 No 15/1

Per authority AFHQ Ltr.-400/105 DO. dated 22 Sept 44
The above items were shipped to the Italian Armed Forces
From 217 P M A -
To Italian Military
On 15 May 45

W. B. B. B.
MAJOR GENERAL
MILITARY MISSION ITALIAN ARMY
ALLIED REPRESENTATIVE

4945

ARTICLES LISTED IN COLUMN "ORDERED" HAVE BEEN RECEIVED UNLESS OTHERWISE NOTED IN COLUMN "SHIPPED"

CONSIGNOR'S VOL. No.
CONSIGNEE'S VOL. No.
NUMBER OF SHEETS

AM Spring Material
200 200

R. E.

RATIONS ISSUE NOTE
BUONO DI PRELEVAMENTO

NAFIA FORM ST 3

Voucher No.
of Unit Drawing
N° di Serie del
Reperto prelevante
Unit
Reperto

171

16° Reparto Trasporti
2° Plotone Mista

Voucher No.
of Issuing Depot
N° di Serie del
Magazzino cedente

15/

Rations for consumption from
Razioni da consumarsi da:

16-2-45 to 16-5-45

No. days
N. giorni

Ration Strength
Porto da Ventovagliato

9200

Single Scale
Tipo Unico

Travelling
da Viaggio

Hospital
Ospedale

Total Number Rations
Numero Totale Razioni

9200

Single Scale
Tipo Unico

Travelling
da Viaggio

Hospital
Ospedale

Depot

Magazzino

217 EMA

ITEM GENERE	A/M Spray	Ambarino		
QUANTITY QUANTITATIVO	200	100		
ITEM GENERE				
QUANTITY QUANTITATIVO				
ITEM GENERE				
QUANTITY QUANTITATIVO				
ITEM GENERE				
QUANTITY QUANTITATIVO				

Signature of Officer
of Unit Drawing

Counter Signature of Officer
of Unit Issuing

Signature of Officer
Commanding (Army) Depot

Signature of Person taking
delivery of ration

Date

ration drawn

Firma di un Ufficiale
del Reparto

Controllato di un Ufficiale
del Reparto prelevante

Firma del Comandante
del Magazzino cedente

Firma di chi preleva
le razioni

Data di prelevamento
delle razioni

This copy to be retained by unit drawing rations
Questa copia sarà ritenuta dal reparto prelevante

SHIPPING TICKET

1945

CONSIGNOR: **BRITISH GOVERNMENT**

BR. MED. No 132

DATE SHIPPED OR DELIVERED **1 JUNE 1945**

AUTHORITY OR REF. No. *64*

SHIP TO:

ITALIAN GOVERNMENT

TRANSPORTATION COST OF \$

CHARGEABLE TO

P/A No.

QUANTITY		ARTICLE	UNIT	UNIT COST	TOTAL COST
ORDERED	SHIPPED				
	95	Water Sterilizing Pwdr	lb		
	32	Anti Mosquito Spray	Gal		
	2000	Taste Remover Tablets	No		
	450	Anti Mosquito Cream	lb		
	4000	Flycatchers	No		

The above figures are compiled from Form ST 8 No 19/2

Per authority AFHQ Ltr. 400/105 DO. dated 22 Sept 44
The above items were shipped to the Italian Armed Forces
From 561 Comp Fln
To Italian Military
On 1 June 45

[Signature]
MAJOR GENERAL
MILITARY MISSION ITALIAN ARMY
ALLIED REPRESENTATIVE

4943

ARTICLES LISTED IN COLUMN "ORDERED" HAVE BEEN RECEIVED UNLESS OTHERWISE NOTED IN COLUMN "SHIPPED"

CONSIGNOR'S VOL. No.
CONSIGNEE'S VOL. No.
NUMBER OF SHEETS

W.S.P.	A.M. Spring	T.R. Take	AM Ocean
95 lbs.	32 galls	2000	4500 lbs.
			450

Hyacinths
4000

RAIPIERS IGARTE NOTTE
SUONO DI MELEVAUENTO

Vendor No. of
Unit demanded,
No di Serie del
Materiale prelevato

Voucher No. of
Issuing Depot.
No di Serie del
Magazzino cedente

Unit: 802 JV Base 116 000000
Departo: 802 JV Base 116 000000

Portions for consumption from	1	1/2	to	1	1/2	days
Particol di consumo del						giorni.....

Nation Strength	Single Scale	Traveling	Wayside
Forest da Vottovagliaro	6.00	10	10
Forest da Vottovagliaro	6.00	10	10

Total Number Nations	6900	Singlo Socio	Travelling	Country
Numero Totale Nazioni	6900	Tipe Unico	de Viaggio	di Ospedale

WBI Comp Plan Phase

[illegible]

ITEM	QUANTITY	UNIT	PRICE	TOTAL
WATER	1	QUART	0.00	0.00
SPRAY	1	QUART	0.00	0.00
GENOTO	1	QUART	0.00	0.00

[illegible]

TABLE 1

[illegible]

Administrativo

Teléfono: 87069077

Fax: 87069077

E-mail: info@nabes.com

Web: www.nabes.com

[illegible]

Quantitativo ~~1000~~ 1000

FLY CATCHERS
44'2

[illegible]

1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 2680, 26

Total Number Rations
Numero Totale Razioni

Single Issue
Tipo Unico

Travelling
da Viaggio

61/ Camp PW. Ration

Depot

Magazzino

Item

Genere

Quantity

Quantitativo

Item

Genere

Quantity

Quantitativo

Item

Genere

Quantity

Quantitativo

Item

Genere

Quantity

Quantitativo

Signature of Officer

of Unit Detaching

Counter Signature of Officer

of Unit Detaching

Signature of Officer

Commanding Issuing Depot

Signature of Person taking

delivery of rations

Date rations drawn

ACCUA

This copy to be retained by unit drawing rations.
Questo copia deve ritenersi dal reparto prelevante.

NOTE: This form (MIA FORM 57/8) is provided by the Italian Army for all Units.

[Handwritten signature]

132

FLYCATCHERS

49'2

Signature of Officer
of Unit Detaching
Counter Signature of Officer
of Unit Detaching
Signature of Officer
Commanding Issuing Depot
Signature of Person taking
delivery of rations
Date rations drawn

Firma di un ufficiale del
Rapporto Prelevante
Controfirma di un Ufficiale
del Rapporto Prelevante
Firma del Comandante
del Deposito ordinato
Firma di chi preleva le
razioni
Data di prelevamento delle
razioni

[Handwritten signature]

Subject ANTI MOSQUITO CREAMTo:- DADOS

Land Forces Sub Comm.

MMIA802 Italian Base Reinforcement
Depot, ORVIETO

Ref. BI/1/4372

1 June 45

Reference ST/8 NO MISC/7 for month of June, the amount of A/M Cream drawn should read 450 lbs., NOT 2500 lbs. as supplies to complete to scale were not available at 561 Compo Pl. R.A.S.C.

The ration for this Depot is 2250 lbs. for one month as originally quoted on the ST/8, therefore a further 1800 lbs. is required, for which I am forwarding an additional ST/8 NO MISC to D.I.D.

TIC/rd

F (mis) (err)
to Major
Comm. British Cadre
802 Iti. Base Rein. Depot

Copy to:- DADOS 71 Sub Area

O.C. 71 D.I.D.

4941

WAR DEPARTMENT
G. M. C. Form No. 134
Revised June 25, 1941

SHIPPING TICKET

SEP 13 1945

CONSIGNOR: **BRITISH GOVERNMENT**

BR.MND.No 131

DATE SHIPPED OR DELIVERED **4 APRIL 1945**

SHIP TO:
ITALIAN GOVERNMENT

AUTHORITY OR REQ. No.

TRANSPORTATION COST OF \$.

CHARGEABLE TO

P/A No.

QUANTITY		ARTICLE	UNIT	UNIT COST	TOTAL COST
ORDERED	SHIPPED				
	10	A.L.63. Mk 11	lb		
	96	Flycatchers	No		
	3	Paris Green	lb		
	5	Anti Mosquito Spray	Gal		
	3	Water Sterilising Pwdr	lb		
	250	Taste Remover Tablets	No		

The above figures are compiled from Form ST 8 No 47

Per authority AFHQ Ltr.-400/105 DO. dated 22 Sept 44
The above items were shipped to the Italian Armed Forces
From 105 D.I.D.
To Italian Military
On 4 APR 45

[Signature]
MAJOR GENERAL
MILITARY MISSION ITALIAN ARMY
ALLIED REPRESENTATIVE

4949

ARTICLES LISTED IN COLUMN "ORDERED" HAVE BEEN RECEIVED UNLESS OTHERWISE NOTED IN COLUMN "SHIPPED"

CONSIGNEE'S VOL. No.
CONSIGNEE'S VOL. No.
NUMBER OF SHEETS

DISINFECTANTS.

Disinfectants

R. E.

RATIONS ISSUE NOTE
BUONO DI PRELEVAMENTOVoucher No.
of Issuing Depot
N° di Serie del
Magazzino cedente 47Voucher No.
of Unit Demanding
N° di Serie del
Reparto prelevante

220/A/63

Unit

Reparto

220 ITAL. PNR. COY

Rations for consumption from

Razioni da consumarsi dal

APRIL 1st 1945

to

APRIL 30th 1945

No. days

N° giorni

30

Ration Strength

Forza da Vettovagliare

188

Single Scale

Tipo Unico

Travelling

da Viaggio

Hospital

Ospedale

Total Number Rations

Numero Totale Razioni

5640

Single Scale

Tipo Unico

Travelling

da Viaggio

Hospital

Ospedale

Depot

Magazzino

105 D.I.D. R.A.S.C.

ITEM GENERE	AL 63 MK II	Fly Catches
QUANTITY QUANTITATIVO	10 lbs	96
ITEM GENERE	Pans Green	A/Mos. spray
QUANTITY QUANTITATIVO	3 lbs	5 rolls
ITEM GENERE	W/S Pdn	
QUANTITY QUANTITATIVO	3 lbs	131
ITEM GENERE	T/R Tbs	
QUANTITY QUANTITATIVO	250	

Signature of Officer
of Unit DemandingCounter Signature of Officer
of Unit DemandingSignature of Officer
Commanding Issuing DepotSignature of Person taking
delivery of rationsDate
rations drawn

105 D.I.D. R.A.S.C.

D.C. Carter, Cpl

4/9/45

Firma di un Ufficiale
del Reparto PrelevanteControfirma di un Ufficiale
del Reparto PrelevanteFirma del Comandante
del Magazzino cedenteFirma di chi preleva
le razioniData di prelevamento
delle razioniThis copy to be retained by issuing depot
Questa copia sarà ritenuta dal magazzino cedente

43/36

WAR DEPARTMENT
Q. M. C. Form No. 771
Revised June 30, 1943

SHIPPING TICKET

SEP 11 1945

CONSIGNOR: **BRITISH GOVERNMENT**

BR. MED. No 130

DATE SHIPPED OR DELIVERED **2 APRIL 1945**

SHIP TO

ITALIAN GOVERNMENT

AUTHORITY OR REQ. No.

TRANSPORTATION COST OF \$.

CHARGEABLE TO

P/A No.

QUANTITY		ARTICLE	UNIT	UNIT COST	TOTAL COST
ORDERED	SHIPPED				
		8 Water Sterilizing Pwdr	lb		
		6 Cresol	lb		
		3 Methylated Spirits	Gal		

The above figures are compiled from Form ST 8 No 8/B

Per authority AMHQ Ltr. -400/105 DO. dated 22 Sept 44

The above items were shipped to the Italian Armed Forces

From 1563 Arty D.I.D.

To Italian Military

On 2 Apr 45

[Signature]

MAJOR GENERAL
MILITARY MISSION ITALIAN ARMY
ALLIED REPRESENTATIVE

4938

ARTICLES LISTED IN COLUMN "ORDERED" HAVE BEEN RECEIVED UNLESS OTHERWISE NOTED IN COLUMN "SHIPPED"

(NAME)

(DATE)

(SIGNATURE)

CONSIGNOR'S YOU. No.
CONSIGNEE'S YOU. No.
NUMBER OF SHEETS

SP

8 lbs

breast

6

Meats

3

R. E.

RATIONS ISSUE NOTE
BUONO DI PRELEVAMENTO

MMIA FORM 51.8

Voucher No.
of Unit Demanding
No di Serie del
Reparto prelevante

1-D

5537 BTO. SQUADRA 3 CORDIA
COMANDOVoucher No.
of Issuing Depot
No di Serie del
Magazzino cedente

8/13

Unit
RepartoRations for consumption from
Razioni da consumarsi dal

1/4

to
al 30/4/1945No. days
N. giorni 30Ration Strength
Forza da Viaggio

644

Single Scale
Tipo UnicoTravelling
da ViaggioHospital
OspedaleTotal Number Rations
Numero Totale RazioniSingle Scale
Tipo UnicoTravelling
da ViaggioHospital
OspedaleDepot
Magazzino1563 arty D.D.
Sussidiaria

ITEM GENERE	W.S.P.	Q RECOLI	METHYLATED SPIRITS
QUANTITY QUANTITATIVO	8 lbs	6	3
ITEM GENERE			
QUANTITY QUANTITATIVO			
ITEM GENERE			
QUANTITY QUANTITATIVO			
ITEM GENERE			
QUANTITY QUANTITATIVO			

Signature of Officer
of Unit DemandingCounter Signature of Officer
of Unit DemandingSignature of Officer
Commanding Issuing DepotSignature of Person taking
delivery of rationsDate
ration drawn

[Signature]

130

Firma di un Ufficiale
del Reparto PrelevanteControfirma di un Ufficiale
del Reparto PrelevanteFirma di chi preleva
le razioni

4937

CAPTAIN

Firma di chi preleva
le razioniData di prelevamento
delle razioniThis copy to be retained by issuing depot
Questa copia sarà ritenuta dal magazzino cedente

503° BTG. SICUREZZA & GUARDIA
POSTO DI MEDICAZIONE

P. 11.154 - 21³⁰ 3-45

Oggetto: Richiesta materiale disinfectante

A. Magazzino di Provvisione Inglesi -

Si fa richiesta del seguente materiale disinfectante, tenendo presente che la forza effettiva del battaglio è di A 644;

Polvere sterilizzante all'acqua.

Pravol -

Alcol metilico.

~~Alcol metilico~~ -

IL COMANDANTE IL REGIMENTO SANTIARD

(Firma) *[Signature]*

WAR DEPARTMENT
D. M. C. Form No. 484
Revised June 10, 1942

SHIPPING TICKET

SEP 11 1945

CONSIGNOR: **BRITISH GOVERNMENT**

BR.MED.No 129

DATE SHIPPED OR DELIVERED **5 APRIL 1945**

SHIP TO:

ITALIAN GOVERNMENT

AUTHORITY OR REQ. No.

TRANSPORTATION COST OF \$.

CHARGEABLE TO

V/A No.

QUANTITY		ARTICLE	UNIT	UNIT COST	TOTAL COST
ORDERED	SHIPPED				
	30	Water Sterilising Pwdr	lb		
	3000	Taste Remover Tablets	No		

The above figures are compiled from Form ST 8 No 5/1

Per authority AFHQ Ltr. 400/105 DO. dated 22 Sept 45
The above items were shipped to the Italian Armed Forces
From 93 D.I.D.
To Italian Military
On 5 Apr 45

[Signature]
MAJOR GENERAL
MILITARY MISSION ITALIAN ARMY
ALLIED REPRESENTATIVE

4935

ARTICLES LISTED IN COLUMN "ORDERED" HAVE BEEN RECEIVED UNLESS OTHERWISE NOTED IN COLUMN "SHIPPED"

CONSIGNOR'S FOR. No.
CONSIGNEE'S FOR. No.
NUMBER OF SHEETS

MMA FORM 1718

Voucher No.
of Issuing Depot
N° de Serie del
Magazzeno cedente 5/1

100

1998

No. days
N.º giorni

Single Scale

Travelling

Discussion

Forza da Vetrovagiare

Typo Unica

2.1.1. The Vignettes

Chapter 10

Total Number Rations.

Single Scale

Travelling

Discussion

Numero Totale Razioni

Type Union

Travelling da Viaggio

Hospital
Chapman

Report

Stagnation

129

Cap. B. Craig

Firma di un Ufficiale
del Reparto Posteriore

Ch. 8. 1. 1. 1.

Controfirma di un Ufficiale
del Regio Esercito

For R. Campbell & Son

Finca del Condeguatario
del Magarrog coliente

Su Maria

**Pensa di chi professa
la razionalità**

18. 5/4/45

Liste di principali
delle vacanti

This copy to be retained by unit drawing rations.
Questa copia sarà ritenuta dal reparto prelevante.

OK for ST
[Signature]

WAR DEPARTMENT
Q. M. C. Form No. 411
Revised June 30, 1942

SHIPPING TICKET

SEP 11 1945

CONSIGNOR: **BRITISH GOVERNMENT** BR.MED.No 128

DATE SHIPPED OR DELIVERED: **27 FEBRUARY 1945**

SHIP TO: **ITALIAN GOVERNMENT**

AUTHORITY OR REQ. No. *64*
TRANSPORTATION COST OF \$
P/A No.
CHARGEABLE TO

QUANTITY		ARTICLE	UNIT	UNIT COST	TOTAL COST
ORDERED	SHIPPED				
	30	Water Sterilizing Pwdr	lb		
	37	A.L.63	lb		
	100	Cresol	lb		
	10	Methylated Spirits	Gal		
	500	Taste Remover Tablets	No		
	84	Foot Soap	lb		
	70	Foot Pwdr	lb		

The above figures are compiled from Form ST 5 No 11/27

Per authority AFHQ Ltr.-400/105 DO. dated 22 Sept 44
The above items were shipped to the Italian Armed Forces
From 87 D.I.B. -
To Italian Military
On 27 Feb 45

[Signature]
MAJOR GENERAL
MILITARY MISSION ITALIAN ARMY
ALLIED REPRESENTATIVE

4938

ARTICLES LISTED IN COLUMN "ORDERED" HAVE BEEN RECEIVED UNLESS OTHERWISE NOTED IN COLUMN "SHIPPED"

CONSIGNEE'S VOL. No.
CONSIGNEE'S VOL. No.
NUMBER OF SHEETS

[Signature]

Certified true copy

422703

R. E.

Voucher No.
of Unit Demanding
N° di Serie del
Reparto prelevante

49

**RATIONS ISSUE NOTE
BUONO DI PRELEVAMENTO**

MMIA FORM 57.8

Voucher No.
of Issuing Depot
N° di Serie del
Magazzino cedente

127

Unit
Reparto

Brennara Group

Rations for consumption from
Razioni da consumarsi dal

1-3-45 to *2-3-45*

No. days
N. giorni *2 (due)*

Ration Strength

Forza da Vetteggiare *10600*

Single Scale
Tipo Unico

Travelling
da Viaggio

Hospital
Ospedale

Total Number Rations

Numero Totale Razioni *21 200*

Single Scale
Tipo Unico

Travelling
da Viaggio

Hospital
Ospedale

Depot

Magazzino *87 010*

ITEM GENERE	<i>WSP</i>	<i>PL 63</i>		
QUANTITY QUANTITATIVO	<i>30</i>	<i>37</i>		
ITEM GENERE	<i>brusole</i>	<i>Trick Spirit</i>		
QUANTITY QUANTITATIVO	<i>100</i>	<i>10 galle</i>		
ITEM GENERE	<i>I.R.T.</i>			
QUANTITY QUANTITATIVO	<i>500</i>			
ITEM GENERE	<i>Fort Soap</i>	<i>Fort Pls</i>		
QUANTITY QUANTITATIVO	<i>84</i>	<i>70</i>		

Signature of Officer
of Unit Demanding

Authority for release of

Counter Signature of Officer
of Unit Demanding

Bis & base

Signature of Officer

Commanding Issuing Depot

DDST 5 Corbo 5/14/20

Signature of Person taking
delivery of rations

dated 23 Feb 45

Date

rations drawn

27/2/45

Signat?

Firma di un Ufficiale
del Reparto Prelevante

Signat?

Contrassegno di un Ufficiale
del Reparto prelevante

Signat?

Firma del Comandante
del Magazzino cedente

Signat?

Firma di *4832*
le razioni

Data di prelevamento
delle razioni

This copy to be retained by issuing depot
Questa copia sarà ritenuta dal magazzino cedente

WAR DEPARTMENT
Q. M. L. Form No. 04
Revised June 10, 1942

SHIPPING TICKET

SEP 11 1945

CONSIGNOR: BRITISH GOVERNMENT

BR. MED. No 127

DATE SHIPPED OR DELIVERED 17 APRIL 1945

SHIP TO
ITALIAN GOVERNMENT

AUTHORITY OR REQ. No.

TRANSPORTATION COST OF \$

CHARGEABLE TO

P/A No.

QUANTITY		ARTICLE	UNIT	UNIT COST	TOTAL COST
ORDERED	SHIPPED				
	30	A.L. 53-Mk 11	lb		
	16	Cresoli Solid	lb		

The above figures are compiled from Form ST 8

Per authority AFHQ Ltr. 400/105 DO. dated 22 Sept 44
The above items were shipped to the Italian Armed Forces
From 36 D.I.D.
To Italian Military
On 17 Apr 45

W. K. H. H. H.
MAJOR GENERAL
MILITARY MISSION ITALIAN ARMY
ALLIED REPRESENTATIVE

ARTICLES LISTED IN COLUMN "ORDERED" HAVE BEEN RECEIVED UNLESS
OTHERWISE NOTED IN COLUMN "SHIPPED"

CONSIGNOR'S VOL. No.
CONSIGNEE'S VOL. No.
NUMBER OF PAGES

Latent
prints
16 lbs

AL63

30

Teacher No. 41
of Unit Command
No. di serie del
Rapporto Prelevato

Teacher No. 41
of Issuing Depot
No. di serie del
Rapporto Prelevato

Unit
Rapporto..... 256: Rapporto Salvo
Rations for consumption from to No. days
Razioni da consumarsi al al No. dei giorni
Ration strength Single rations Travelling Round trip
Persone da viaggiare 225 da viaggio Capodistretto
Total number of rations 1000 Single rations Travelling Round trip
No. totale razioni 1000 da viaggio Capodistretto

Depot
Rapporto 26: D. L. D.

Signature of Officer *Admiral Casoli* AL 63

Signature of Officer *16* 30

Signature of Officer *16* 30

Signature of Officer *16* 30

Signature of Officer *16* 30

Signature of Officer *16* 30

Signature of Officer *16* 30

Signature of Officer *16* 30

Signature of Officer *16* 30

Signature of Officer *16* 30

Signature of Officer *16* 30

Signature of Officer *16* 30

Signature of Officer *16* 30

Signature of Officer *16* 30

Signature of Officer *16* 30

Signature of Officer *16* 30

Signature of Officer *16* 30

Signature of Officer *16* 30

Signature of Officer *16* 30

266 1st Air Ft Coy

At 63 30

Mid Cross 16

Amber

Amber

WAR DEPARTMENT
Q. M. C. Form No. 411
Revised June 15, 1942

SHIPPING TICKET

APR 11 1945

CONSIGNOR **BRITISH GOVERNMENT**

DR. MED. No 126

DATE SHIPPED OR DELIVERED **2 APRIL 1945**SHIP TO
ITALIAN GOVERNMENTAUTHORITY OR REQ. No. **64**

TRANSPORTATION COST OF \$

CHARGEABLE TO

P/A No.

QUANTITY		ARTICLE	UNIT	UNIT COST	TOTAL COST
ORDERED	SHIPPED				
	220	Flycatchers	No		
	9	A.L. 63 Mk 11	lb		
	9	Anti Mosquito Spray	Gal		
	4	Water Sterilising Padr	lb		
	250	Taste-Remover Tablets	No		
	8	Malariacl	Gal		

The above figures are compiled from Form ST 8 No 151/3,
No 182/32

Per authority AFHQ Ltr. 400/105 DO. dated 22 Sept 44
The above items were shipped to the Italian Armed Forces
From 145 D.I.D.
To Italian Military
On 2 Apr 45

[Signature]
MAJOR GENERAL
MILITARY MISSION ITALIAN ARMY
ALLIED REPRESENTATIVE

4939

ARTICLES LISTED IN COLUMN "ORDERED" HAVE BEEN RECEIVED UNLESS
OTHERWISE NOTED IN COLUMN "SHIPPED"

CONSIGNEE'S VOL. No.
CONSIGNEE'S VOL. No.
NUMBER OF SHEETS

NAME

NAME

SIGNATURE

Flycatcher

100

110

220

T.R.T.

250

ALB

12 lbs.

5 lbs.

9

malware

8 gall

Am. sparrow

14 gall

5 gall.

9

W.S.P.

12 lbs.

R. E.

RMIA FORM 51/8

RATIONS ISSUE NOTE
BUONO DI PRELEVAMENTOVoucher No.
of Unit Demanding
N° di Serie del
Reparto prelevanteVoucher No.
of Issuing Depot
N° di serie del
Magazzino cedenteUnit
Reparto 169. 11N PNR. COYRations for consumption from
Razioni da consumarsi dalto
alNo. days
N° giorniRation Strength
Forza da VettovagliareSingle Scale
Tipo UnicoTravelling
da ViaggioHospital
OspedaleTotal Number Rations
Numero Totale RazioniSingle Scale
Tipo UnicoTravelling
da ViaggioHospital
Ospedale

Depot

Magazzino

ITEM
GENEREQUANTITY
QUANTITATIVOITEM
GENEREQUANTITY
QUANTITATIVOITEM
GENEREQUANTITY
QUANTITATIVOITEM
GENEREQUANTITY
QUANTITATIVOSignature of Officer
of Unit DemandingCounter Signature of Officer
of Unit DemandingSignature of Officer
Commanding Issuing DepotSignature of Person taking
delivery of rationsDate
rations drawnFirma di un Ufficiale
del Reparto PrelevanteControfirma di un Ufficiale
del Reparto PrelevanteFirma del Consegretario
del Magazzino cedenteFirma di chi preleva
le razioniData di prelevamento
delle razioni

APPENDIX 'A' TO AREA HQ 257M4
MIA FORM SI/B

RATIONS ISSUE NOTE
BUONO DI PRELEVAMENTO

Voucher No. of
Demanding
N. di serie del
Rapporto prelevato

Voucher No. of
Issuing Depot
N. di serie del
Magazzino cedente

Unit
Rapporto

Rations for consumption from
Regioni da consumarsi dal

Ration Strength
Forma da viaggiare

Total Number Rations
Numero Totale razioni

Depot
Magazzino

ITEM
GENERE

QUANTITY
QUANTITATIVO

ITEM
GENERE

QUANTITY
QUANTITATIVO

ITEM
GENERE

QUANTITY
QUANTITATIVO

ITEM
GENERE

QUANTITY
QUANTITATIVO

Signature of Officer
of Unit commanding

Firma di un Ufficiale del
Rapporto prelevato

145D1D

4 lbs.

120

150

5 lbs.

8 lbs.

4928

Section Strength
Forza da combattimento

Total Number Rations
Numero totale razioni

Depot
Magazzino

ITEM
GENERE

QUANTITY
QUANTITATIVO

ITEM
GENERE

QUANTITY
QUANTITATIVO

ITEM
GENERE

QUANTITY
QUANTITATIVO

ITEM
GENERE

QUANTITY
QUANTITATIVO

Signature of Officer
of Unit commanding
Counter Signature of Officer
of Unit Demanding
Signature of Officer
Commanding Issuing Depot
Signature of Person taking
delivery of rations
Date rations
drawn

This copy to be retained by unit drawing rations.
questa copia sarà ritenuta dal reparto prolevante.

WAR DEPARTMENT
O. M. C. Form No. 233
Revised June 10, 1942

SHIPPING TICKET

SEP 11 1945

CONSIGNOR: **BRITISH GOVERNMENT**

BR. MED. No 125

DATE SHIPPED OR DELIVERED **2 APRIL 1945**

SHIP TO: **ITALIAN GOVERNMENT**

AUTHORITY OR REQ. No. *642*

TRANSPORTATION COST OF \$

CHARGEABLE TO

P. A. No.

QUANTITIES		ARTICLE	UNIT	UNIT COST	TOTAL COST
ORDERED	SHIPPED				
	30	Water Sterilizing Pdr	lb		
	1500	Taste Remover Tablets	No		
	952	Flycatchers	No		
	40	A. L. 63 Mk 11	lb		
	40	Anti Mosquito Spray	Gal		
	52	Malariaol	Gal		
	4	Cresol	lb		
	8	Methylated Spirits	Gal		

The above figures are compiled from Form ST 8 No 175/40
No 185/32, No 156/31, No 166/37, No 160/1, No 179/32
No 154/32

Per authority AFHQ Ltr. -400/105 DO. dated 22 Sept 44
The above items were shipped to the Italian Armed Forces
From 145 D. I. D.
To Campo Ital D1 Transit Br Iti 5 Arianta.
Ital Forestry Coy, 54 Reparto Ital per A Art Wks Coy,
97 Ital Pnr Coy, 93 Ital Pnr Coy, 170 Ital Pnr Coy,
400 Reggimento Art Pnr, 95 Ital Pnr Coy.

[Signature]
MAJOR GENERAL
MILITARY MISSION ITALIAN ARMY
ALLIED REPRESENTATIVE

4927

ARTICLES LISTED IN COLUMN "ORDERED" HAVE BEEN RECEIVED UNLESS
OTHERWISE NOTED IN COLUMN "SHIPPED"

CONSIGNOR'S VOL. No.
CONSIGNEE'S VOL. No.
NUMBER OF SHEETS

WSP	T.R.T.	High Latch	PL 63	am. spray	plastic
15 lbs.	250	420	20 lbs.	20 gal.	20 gal.
2 lbs.	250	96	4 lbs.	4 gal.	4 gal.
3 lbs.	250	100	4 lbs.	4 gal.	4 gal.
4 lbs.	250	96	4 lbs.	4 gal.	4 gal.
2 lbs.	250	80	3 lbs.	2 gal.	4 gal.
4 lbs.	250	120	5 lbs.	5 gal.	5 gal.
<u>30</u>	<u>1500</u>	<u>952</u>	<u>140</u>	<u>140</u>	<u>52</u>

Lucas	Meths
5.44	5.94

SIMEX FORM 57-8

Voucher No
of Issuing Depot
N° di Serie del
Magazzino cedente

Unit	Campo Italiano di transito Br. It. 5 ^a Armata			
Reparto				
Rations for consumption from	to	No. days		
Razioni da consumarsi dal	al	N. giorni		
Ration Strength	Single Scale	Travelling	Hospital	
Forza da Vettovagliare	Tipo Unico	da Viaggio	Ospedale	
Total Number Rations	Single Scale	Travelling	Hospital	
Numero Totale Razioni	Tipo Unico	da Viaggio	Ospedale	
Depot				
Magazzino	145 B. J. D.			

ITEM GENERE	Waterbury Pine	15 Nos		
QUANTITY QUANTITATIVO				
ITEM GENERE	Waterbury Pine	250		30 Gall
QUANTITY QUANTITATIVO		480		
ITEM GENERE				
QUANTITY QUANTITATIVO		20 lbs		
ITEM GENERE				
QUANTITY QUANTITATIVO		20 Gall		

Data di prelievo
delle tazioni

6	2	10
2	4	5

0.0000

RATINGS: 100%

DEPTO DE MATEMÁTICA

Voucher No. or Unit Designation	29	Voucher No. of Issuing Dept.	154
M. G. Carle Inc.		M. G. Carle Inc.	
Electric Motor etc	60x62	Receiving Agents	

[illegible]

Referring the undersigned to the
 at 4:00 PM on April 2nd
 to 36/John St. N. Y. 10000
 30

Section Chief for
Ops at Potomac Mills
206.
Single room
at Potomac
Mills, Md.
Hwy. 113
St. Charles

[illegible]

143. DIS. PASC.

Water Chemistry from lake margin and near shore	WSP	Palau
---	-----	-------

Quantity
Unit Price

IRON
GAIN 376

DATE RECEIVED
250

It's
Gentle

ALB'S
Black & white
A.M. Strain

4L b3

Quantity
Quantity

1401	Country Club	Spokane	W. M. Jones
------	--------------	---------	-------------

4925

R. E.

MMIA FORM STD

RATIONS ISSUE NOTE
BUONO DI PRELEVAMENTOVoucher No.
of Unit Demanding
N° di Serie del
Reparto prelevanteVoucher No.
of Issuing Depot
N° di Serie del
Magazzino cedente

Unit

Reparto

Rations for consumption from
Razioni da consumarsi dalto
alNo. days
N. giorniRation Strength
Forza da VettovagliareSingle Scale
Tipo UnicoTravelling
da ViaggioHospital
OspedaleTotal Number Rations
Numero Totale RazioniSingle Scale
Tipo UnicoTravelling
da ViaggioHospital
Ospedale

Depot

Magazzino

ITEM GENERE	White Mchling Powder	FLY Catchers	Anti-mosquito spray	Pink Green
QUANTITY QUANTITATIVO	3 lbs	100	4 Gallons	
ITEM GENERE	Anti-mosquito cream	Preparation Rpt BAIT	Pre-sold	
QUANTITY QUANTITATIVO				
ITEM GENERE	TASTE Remedy TABLETS	AL 63 Powder	Metallin Spirits	
QUANTITY QUANTITATIVO	250	4 lbs		
ITEM GENERE	IZAL	Blocks Fumigating	MALHRIOL	
QUANTITY QUANTITATIVO			6 Gallons	25

Signature of Officer
of Unit DemandingCounter Signature of Officer
of Unit DemandingSignature of Officer
Commanding Issuing DepotSignature of Person taking
delivery of rationsDate
rations drawnFirma di un Ufficiale
del Reparto PrelevanteControfirma di un Ufficiale
del Reparto prelevanteFirma del Comandante
del Magazzino cedenteFirma di chi preleva
le razioniData di prelievo
delle razioniThis copy to be retained by unit drawing rations
Questa copia sarà ritenuta dal reparto prelevante

This copy to be retained by unit Awaiting patients.
Quanto copia sera' ritenuta dal reparto prolorentale.

1997年11月20日
 1997年11月20日

1958年 11月 23日 星期三

Teacher led or child

Do not let

[illegible]

Největší preventivní úspěchy

Volume no. of

2000-2001

Il libro del

1994年12月10日

陈永发

Abstract

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14145 JET 59 30761700.281 481

Page 10 of 10

Case	Age	Sex	Duration	Findings
1	10	F	10 days	Normal
2	12	M	10 days	Normal
3	14	F	10 days	Normal
4	16	M	10 days	Normal
5	18	F	10 days	Normal
6	20	M	10 days	Normal
7	22	F	10 days	Normal
8	24	M	10 days	Normal
9	26	F	10 days	Normal
10	28	M	10 days	Normal
11	30	F	10 days	Normal
12	32	M	10 days	Normal
13	34	F	10 days	Normal
14	36	M	10 days	Normal
15	38	F	10 days	Normal
16	40	M	10 days	Normal
17	42	F	10 days	Normal
18	44	M	10 days	Normal
19	46	F	10 days	Normal
20	48	M	10 days	Normal
21	50	F	10 days	Normal
22	52	M	10 days	Normal
23	54	F	10 days	Normal
24	56	M	10 days	Normal
25	58	F	10 days	Normal
26	60	M	10 days	Normal
27	62	F	10 days	Normal
28	64	M	10 days	Normal
29	66	F	10 days	Normal
30	68	M	10 days	Normal
31	70	F	10 days	Normal
32	72	M	10 days	Normal
33	74	F	10 days	Normal
34	76	M	10 days	Normal
35	78	F	10 days	Normal
36	80	M	10 days	Normal
37	82	F	10 days	Normal
38	84	M	10 days	Normal
39	86	F	10 days	Normal
40	88	M	10 days	Normal
41	90	F	10 days	Normal
42	92	M	10 days	Normal
43	94	F	10 days	Normal
44	96	M	10 days	Normal
45	98	F	10 days	Normal
46	100	M	10 days	Normal

TOTAL NUMBER OF

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1000

DATA = 00000000

10

1999

Abstract

1114

Figure 1

24

1000

DEKALB COUNTY, GA

100

100

100

2000年7月1日

[illegible]

APPENDIX 1

Figure 6

15
16
17
18
19
20
21

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of Life + Education

[illegible][illegible]

to the *Journal of the American Medical Association*.

U.S. Department of Health and Human Services

[illegible]

Signature of officer receiving
of Unit - according
counter signature of
of Unit General
Signature of Officer receiving
Committee Meeting being
signature of persons taking
delivery of ration
date ration

DATE	DESCRIPTION	AMOUNT	CHECK NO.	BANK	INITIALS
10/1/19	DEPOSIT	100.00		CHASE	
10/2/19	PAYROLL	50.00	101	CHASE	
10/3/19	RENT	25.00	102	CHASE	
10/4/19	UTILITIES	15.00	103	CHASE	
10/5/19	FOOD	10.00	104	CHASE	
10/6/19	TRANSPORT	20.00	105	CHASE	
10/7/19	ENTERTAINMENT	12.00	106	CHASE	
10/8/19	SALES	75.00	107	CHASE	
10/9/19	DEPOSIT	100.00		CHASE	
10/10/19	PAYROLL	50.00	108	CHASE	
10/11/19	RENT	25.00	109	CHASE	
10/12/19	UTILITIES	15.00	110	CHASE	
10/13/19	FOOD	10.00	111	CHASE	
10/14/19	TRANSPORT	20.00	112	CHASE	
10/15/19	ENTERTAINMENT	12.00	113	CHASE	
10/16/19	SALES	75.00	114	CHASE	
10/17/19	DEPOSIT	100.00		CHASE	
10/18/19	PAYROLL	50.00	115	CHASE	
10/19/19	RENT	25.00	116	CHASE	
10/20/19	UTILITIES	15.00	117	CHASE	
10/21/19	FOOD	10.00	118	CHASE	
10/22/19	TRANSPORT	20.00	119	CHASE	
10/23/19	ENTERTAINMENT	12.00	120	CHASE	
10/24/19	SALES	75.00	121	CHASE	
10/25/19	DEPOSIT	100.00		CHASE	
10/26/19	PAYROLL	50.00	122	CHASE	
10/27/19	RENT	25.00	123	CHASE	
10/28/19	UTILITIES	15.00	124	CHASE	
10/29/19	FOOD	10.00	125	CHASE	
10/30/19	TRANSPORT	20.00	126	CHASE	
10/31/19	ENTERTAINMENT	12.00	127	CHASE	
10/31/19	SALES	75.00	128	CHASE	

405 Regio Lav. Pionieri
170 Compagnia

R. E.

AMIA FORM ST/8

RATIONS ISSUE NOTE
BUONO DI PRELEVAMENTO

Voucher No.
of Unit Demanding
N° di Serie del
Reparto prelevante

Voucher No.
of Issuing Depot
N° di serie del
Magazzino cedente

Unit
Reparto 170 Compagnia Pionieri Italiani

Rations for consumption from
Razioni da consumarsi dal 1-4-45 to al 30-4-45 No. days
N° giorni 30

Ration Strength
Forza da Vettovagliare 5 Uff. 122 Gruppo Single Scale
Tipo Unico 77 Travelling
da Viaggio 77 Hospital
Ospedale 77

Total Number Rations
Numero Totale Razioni 127 Single Scale
Tipo Unico Travelling
da Viaggio Hospital
Ospedale

Depot
Magazzino 145 D.I.D. Rasc.

ITEM GENERE	Disinfectant	WS P	Hycolch
QUANTITY QUANTITATIVO	Sufficient for 1 box	2 lbs.	60
ITEM GENERE		AL 63	Molamid
QUANTITY QUANTITATIVO		3 lbs.	4 gals
ITEM GENERE		AM Spray	
QUANTITY QUANTITATIVO		3 gals	
ITEM GENERE		TRT	
QUANTITY QUANTITATIVO		250	

Signature of Officer
of Unit Demanding

Firma di un Ufficiale
del Reparto Prelevante

Counter Signature of Officer
of Unit Demanding

Controfirma di 4921
del Reparto Prelevante

Signature of Officer
Commanding Issuing Depot

Firma del Consegnatario
del Magazzino cedente

Signature of Person taking
delivery of rations

Firma di chi preleva
le razioni

Date
rations drawn

Data di prelevamento
delle razioni

APPENDIX 'A' TO AREA NO 267744
MIA FORM 57/3RATIONS ISSUE NOTE
BUONO DI PRELEVAMENTOVoucher No of Unit
Despatching
N. di serie del
Buono di prelevamento.Voucher No of
Issuing Depot.
N. di serie del
Mezzogiorno corrente.

Unit 488 REGIMENTO ANT PIONIERI

Report to 95.100. PMA. Cox

Rations for consumption from 10/10/45 to 30/10/45 N. giorni 30
Razioni da consumare dal 10/10/45 al 30/10/45 N. giorni 30Ration Strength 284 Single Scale Travelling Hospital
Forma da razione, 284, Tipo Unico, da viaggio, OspedaleTotal Number Rations Single Scale Travelling Hospital
Numero Totale Razioni Tipo Unico, da viaggio, Ospedale

Depot 488. 284. RAS.

ITEM WATER STEALIZING POWDER 4 lbs

QUANTITY 250
QUANTITATIVO

ITEM FLY CATCHERS 110

QUANTITY 5 lbs
QUANTITATIVO

ITEM ANTI-MOSQUITO SPRAY 8 gal

QUANTITY 125
QUANTITATIVO

ITEM MALABIAL 8 gal

QUANTITY 4920
QUANTITATIVO

Signature of Officer 488. 284. RAS. Firma di un Ufficiale del

Buono di prelevamento

Review Strength Bin 28 Scale Traveling Hospital
 Series de Veterinaria 284 Tipo Unico da viaggio da viaggio Ospedale
 Total Number Nations Single Scale Traveling Hospital
 Numero Totale Nazioni Tipo Unico da viaggio da viaggio Ospedale

Depot WATER STERILIZING POWDER
 Magazzino WATER STERILIZING POWDER
 ITEM QUANTITY QUANTITATIVO
 DESCRIZIONE 150
 FLY CATCHERS 120
 FLY CATCHERS 5 lbs.
 AL-63 POWDER 5 lbs.
 INTEL- MARGUO SPRAY 8 gals.
 METHYLATED SPIRITS 8 gals.
 MALARIAL 8 gals.
 RASIN GREEN 8 gals.
 QUANTITY 4920
 QUANTITATIVO

Signature of Officer Signature
 of Unit Signature
 Counter Signature of Officer Signature
 of Unit Signature
 Signature of Officer Signature
 Commanding Issuing Depot Signature
 Signature of Person taking Signature
 delivery of rations Signature
 Date rations Signature
 drawn Signature

This copy to be retained by unit drawing rations.
 Questa copia sarà ritenuta dal reparto prelevante.

OK
 [Signature]

WAR DEPARTMENT
Q. M. C. Form No. 134
Revised June 30, 1942

SHIPPING TICKET

SEP 11 1945

CONSIGNOR: BRITISH GOVERNMENT

BR. MED. No 124

DATE SHIPPED OR DELIVERED 2 APRIL 1945

SHIP TO

ITALIAN GOVERNMENT

AUTHORITY OR REQ. No. 642

TRANSPORTATION COST OF \$

CHARGEABLE TO

P/A No.

QUANTITY		ARTICLE	UNIT	UNIT COST	TOTAL COST
ORDERED	SHIPPED				
	30	A.L. 63 Mk 11	lb		
	21.3/4	Gresoli	gal		
	17.3/4	Water Sterilising Pdr	lb		
	3	Methylated Spirits	gal		

The above figures are compiled from Forms ST 8 No 10/B,
No 6/B, No 7/B, No 9/B, No 9/B, No 5/B

Per authority AFHQ Ltr.-400/105 DO. dated 22 Sept 44
The above items were shipped to the Italian Armed Forces
From 1563 Arty Ptn D.I.D.
To Italian Military
On 2 Apr 45

[Signature]
MAJOR GENERAL
MILITARY MISSION ITALIAN ARMY
ALLIED REPRESENTATIVE

4919

ARTICLES LISTED IN COLUMN "ORDERED" HAVE BEEN RECEIVED UNLESS
OTHERWISE NOTED IN COLUMN "SHIPPED"

CONSIGNEE'S Y.O.U. No.
CONSIGNEE'S Y.O.U. No.
NUMBER OF SHEETS

Bl 63	Lucoli	WSP	Auths
2 lbs	1 gall	17 1/2	3
1 lb	5 gall	17 1/2	
10 lbs	10 gall	17 1/2	
6 lbs	5 1/2	8	
H	5 gall		
30	21 1/2	17 1/2	3

MAIL ROOM 67/3

RACTIONS ISSUES NOTE
Buono di prelevamento

QUANTITA' DI UNITA'
DEMANDATE

Redi serie del
buono di prelevamento

FOURIER NAME
ISSUING DEPOT

Redi serie del
buono di prelevamento

UNIT 505 (ITALIAN) LINE SECTION

RACTIONS FOR CONSUMPTION FROM JAN 45 TO MAY 45

RACTIONS FOR CONSUMPTION FROM JAN 45 TO MAY 45

TOTAL RACTIONS SINGLE SCALE

RACTIONS 1563 ARMY PLAN DID

DISINFECTANT CRISOLI W.S.P.

QUANTITY 2 ltrs. 1 gallon 1 1/2 ltrs.

QUANTITY

QUANTITY

QUANTITY

QUANTITY

QUANTITY

QUANTITY

QUANTITY

QUANTITY

QUANTITY

UNIT
1563 ARMY PEN DID

DISINFECTANT
A.L. 63. CR3041. W.S.P.

QUANTITY
2 lbs. 1 gal. 1 1/2 lbs.

QUANTITY
2 lbs. 1 gal. 1 1/2 lbs.

QUANTITY
2 lbs. 1 gal. 1 1/2 lbs.

QUANTITY
2 lbs. 1 gal. 1 1/2 lbs.

SIGNATURE OF OFFICER
OF UNIT

SIGNATURE OF OFFICER
OF UNIT

SIGNATURE OF OFFICER
OF UNIT

SIGNATURE OF OFFICER
OF UNIT

SIGNATURE OF OFFICER
OF UNIT

THIS COPY TO BE RETAINED BY UNIT DURING
QUESTA COPIA SARA RITENUTA DEL REPARTO PRELATO

4918

R. E.

RATIONS ISSUE NOTE
BUONO DI PRELEVAMENTO

MMA FORM ST/8

Voucher No.
of Unit Demanding
N° di Serie del
Reparto prelevante

Unit

Reparto

Rations for consumption from
Razioni da consumarsi dal

Ration Strength

Forza da Vettovagliare

Total Number Rations

Numero Totale Razioni

Depot

Magazzino

Voucher No.
of Issuing Depot
N° di Serie del
Magazzino cedente

No. days

N° giorni

Single Scale

Tipo Unico

Single Scale

Tipo Unico

Travelling

da Viaggio

Travelling

da Viaggio

Hospital

Ospedale

Hospital

Ospedale

ITEM
GENEREQUANTITY
QUANTITATIVOITEM
GENEREQUANTITY
QUANTITATIVOITEM
GENEREQUANTITY
QUANTITATIVOITEM
GENEREQUANTITY
QUANTITATIVOSignature of Officer
of Unit DemandingCounter Signature of Officer
of Unit DemandingSignature of Officer
Commanding Issuing DepotSignature of Person taking
delivery of rationsDate
rations drawnFirma di un Ufficiale
del Reparto PrelevanteControfirma di un Ufficiale
del Reparto PrelevanteFirma del Comandante
del Magazzino cedenteFirma di chi preleva
le razioniData di prelievo
delle razioniThis copy to be retained by issuing depot
Questa copia sarà ritenuta dal magazzino cedente

COMANDO 1° Regg. Sio. di GUARDIE

Ufficio Sanitario

P. M. 167 11 31/3/945.

O G G E T T O.

Richieste Disinfettanti

Richiedo i sottoelencati disinfettanti per N° 40 di forma effettiva.

1. Steridrol (libbre 15 X 1000) Libbre 0,6
2. A . L . 63 (libbre 30 X 1000) Libbre 1,2
3. Acchiappamosche FLY CATCHERS (libbre 480 X 1000) Libbre 19,2
4. Moschicida X
5. Disinfettante contro la malaria X
6. Mepacrina X

Il
L'Intendente Maggiore in I.
(Capit° Enrico Cerri)

IL DIRIGENTE SERVIZIO SANITARIO
(Capit° Arturo Crescini)

Cap. Arturo Crescini

is defectant + itan

COMANDO

ADDITIONAL DATA

RATIONE TITULUM NOTE
SIGNED BY PRESENTED

DATA FORM ST/B

Voucher No. of
that travelling.
No. in Series del
Departo Prelevante 4

Voucher No. of
Issuing Depot
No. in Series del
Magazzino cedente

Unit 502 97g. Licenza e Guardia Montalcino

Rations for consumption from 1/4 to 30/4/1945. Total 30

Ration Strength 530

Single Scales
Single Scales
Single Scales

Total Number Rations
Distribuibile Regional

Travelling
Travelling
Travelling

Depot 1563 ARTY. PLN. R.A.S.C. (LT)

W.S.P. AL63 CRUSONI

QUANTITY 7 1/2 lbs. 10 lbs. 5 gallo.

QUANTITY

QUANTITY

QUANTITY

QUANTITY

QUANTITY

QUANTITY

QUANTITY

4916

Signature of Officer
of Unit

R. E.

 RATIONS ISSUE NOTE
 BUONO DI PRELEVAMENTO

SIMIA FORM ST/7

 Voucher No.
 of Unit Demanding
 N° di Serie del
 Reparto prelevante

 Voucher No.
 of Issuing Depot
 N° di Serie del
 Magazzino cedente

 Unit
 Reparto

COMANDO

 Rations for consumption from
 Razioni da consumarsi dal

 Emergency 5/3/45 to 14/3/45
 al

 No. days
 N° giorni

Ration Strength

300

Single Scale

Travelling

Hospital

Forza da Vettovagliare

Tipo Unico

da Viaggio

Ospedale

Total Number Rations

1 MONTH 15005

Single Scale

Travelling

Hospital

Numero Totale Razioni

Tipo Unico

da Viaggio

Ospedale

Depot

1563007 P.M. (C) P.M.C.

Magazzino

ITEM GENERE	AL 63	barile.		
QUANTITY QUANTITATIVO	6 lbs	10 gallons		
ITEM GENERE				
QUANTITY QUANTITATIVO		124		
ITEM GENERE				
QUANTITY QUANTITATIVO				
ITEM GENERE				
QUANTITY QUANTITATIVO				

 Signature of Officer
 of Unit Demanding

P.M. Fiori

 Firma di un Ufficiale
 del Reparto Prelevante

 Counter Signature of Officer
 of Unit Demanding

P.M. Fiori

 Controfirma di un Ufficiale
 del Reparto Prelevante

 Signature of Officer
 Commanding Issuing Depot

 CAPTAIN, V.A.C.
 D.C. 1563007 PLATOON RASC (LIGHT)

 Firma del Consegnatario
 del Magazzino cedente

 Signature of Person taking
 delivery of rations

 Firma di chi prende
 le razioni

 Date
 razioni drawn

14 - 3 - 45

 Date di prelievo
 delle razioni

 This copy to be retained by issuing depot
 Questa copia sarà ritenuta dal magazzino cedente

R. E.

MMIA FORM ST/8

Voucher No.
of Unit Demanding
N° di Serie del
Rapporto prelevante

4

RATIONS ISSUE NOTE
BUGNO DI PRELEVAMENTO

519 379 S. G.

Voucher No.
of Issuing Depot
N° di Serie del
Magazzino cedente

9/8

Unit
Rapporto

Rations for consumption from
Razioni da consumarsi dal

1/4/45

to
a

30/4/45

No. days
N° giorni

30

Ration Strength

Forza da Vettovagliare

550

Single Scale

Tipo Unico

Travelling

da Viaggio

Hospital

Ospedale

Total Number Rations

Numero Totale Razioni

Single Scale

Tipo Unico

Travelling

da Viaggio

Hospital

Ospedale

Depot

Magazzino

1562 ARTI PLAIN

ITEM GENERE	Water Sterilizing Powder		Metolite Pills	
QUANTITY QUANTITATIVO	8		3	
ITEM GENERE	AL 63		Malarial	
QUANTITY QUANTITATIVO	11			
ITEM GENERE	Antibacterial Spray			
QUANTITY QUANTITATIVO				
ITEM GENERE	Crepol			
QUANTITY QUANTITATIVO	55			

Signature of Officer
of Unit Demanding

S. Gen. Michele Chiecher

Firma di un Ufficiale
del Rapporto Prelevante

Counter Signature of Officer
of Unit Demanding

Gen. Marietta

Controfirma di un Ufficiale
del Rapporto Prelevante

Signature of Officer
Commanding Issuing Depot

DETAIN, BASC.

BASC, (LIGHT)

Firma del Comandante
del Magazzino cedente

Signature of Person taking
delivery of rations

by Agno

Firma di chi preleva
le razioni

Date
razions drawn

2 - 4 - 45

Data di prelievo
delle razioni

This copy to be retained by issuing depot
Questa copia sarà ritenuta dal magazzino cedente

DIO. BATTAGLIONE S. E. O.
INFERMERIA

Si dichiara che i generi richiesti col buono di
prelevamento sono indispensabili per gli usi dell'infer-
meria del Battaglione

L'Ufficiale Medico del Btg.
(S. E. O. S. E. O. S. E. O.)

P.M. 167, 31 marzo 1945

Col. Med. Ufficiale Chisari

In Lieu of MIA FORM ST/8

Voucher No. of
Unit demanding.
No. di Serie del
Reparto Prelevante

2

RATION ISSUE NOTE
BUONO DI PRELEVAMENTO
INDENTS FOR DISINFECTANTS

Voucher No. of
Issuing Depot.
No. di Serie del
Magazzino cedente

5/B

Unit

Reparto CARABINIERI REALI Att. A.M.G. LOMBARDIA REGION (X1)

Rations for consumption from
Razioni da consumarsi dal

1/4/45

to

al 31/4/45

No. days

No. giorni 11

Ration Strength

Single Scale

Travelling

Hospital

Porta da viaggiare 18

Tipo Unico

P.S.

da Viaggio

NIL

Ospedale

Total No. Rations required 558.

P.S.

NIL

Depot

Magazzino 1563 Arty. Fl. R.A.S.C. D.I.D.

ITEM

Item of Disinfectants Required.

GENRE

LYSOL

QUANTITY

QUANTITATIVO

CRESONI

1/4 gallo

ITEM

GENRE

QUANTITY

QUANTITATIVO

ITEM

GENRE

QUANTITY

QUANTITATIVO

ITEM

GENRE

QUANTITY

QUANTITATIVO

Signature of Officer

of Unit Demanding

Counter Signature of Officer

of Unit Demanding

Signature of Officer

Commanding Issuing Depot

Signature of Persons taking

Delivery of rations

Date rations

drawn

2/4/45

Firma di un Ufficiale del

Reparto Prelevante

Controfirma di un Ufficiale

del Reparto Prelevante

Firma del Consegretario

del Magazzino Cedente

Firma di chi preleva le

razioni

Data di prelevamento delle

razioni

4913

This copy to be retained by unit drawing rations
Questa copia sarà tenuta dal reparto prelevante

NOTE: This form (MIA FORM ST/8) is provided by the ITALIAN ARMY for all Units.

WAR DEPARTMENT
O. M. C. Form No. 434
Revised, June 26, 1943

SHIPPING TICKET

SEP 11 1945

CONSIGNOR: BRITISH GOVERNMENT

BR. MED. No 123

DATE SHIPPED OR DELIVERED 2 APRIL 1945

SHIP TO

ITALIAN GOVERNMENT

AUTHORITY OR REQ. No

TRANSPORTATION COST OF \$

CHARGEABLE TO

F/A No.

QUANTITY		ARTICLE	UNIT	UNIT COST	TOTAL COST
ORDERED	SHIPPED				
	38	A.L.63. Mk-11	lb		
	37	Anti Mosquito Spray	Gal		
	28	Water-Sterilizing Pwdr	lb		
	57	Malariaol	Gal		
	1750	Taste Remover Tablets	No		
	900	Flycatchers	No		
	4	Grenoli Solid	lb		
	2	Methylated Spirits	Gal		

The above figures are compiled from Forms ST 8 No 193/33, No 166/32, No 188/9, No 190/2, No 158/32, No 187/25, No 159/7

Per authority AFHQ Ltr: 400/105 DO. dated 22 Sept 44
The above items were shipped to the Italian Armed Forces
From 145 D.I.D.
To Italian Military
On 2 APRIL 45

Philippe...
MAJOR GENERAL
MILITARY MISSION ITALIAN ARMY
ALLIED REPRESENTATIVE

4912

ARTICLES LISTED IN COLUMN "ORDERED" HAVE BEEN RECEIVED UNLESS OTHERWISE NOTED IN COLUMN "SHIPPED"

CONSIGNEE'S YOU No.
CONSIGNEE'S YOU No.
NUMBER OF SHEETS

Alt.	WSP.	Material	TRT	Flycatcher	Grackle
Alt. 53.	Alt. 53.	Alt. 53.	Alt. 53.	Alt. 53.	Alt. 53.
7 lbs	8 galls	7 lbs	12 galls	2.50	1.20
5 lbs	5 galls	12 lbs	8 galls	2.50	1.20
10 lbs	10 galls	7 lbs	15 galls	1.50	2.40
14 lbs	14 galls	3 lbs	6 galls	2.50	70
3 lbs	3 galls	2 lbs	5 galls	1.50	70
3 lbs	3 galls	2 lbs	5 galls	2.50	60
4 lbs	4 galls	3 lbs	6 galls	2.50	100
				17.50	400
32	37	28	57		

with
2 galls

Figure 1

Voucher N° 193/3
of Issuing Depot
N° di serie del magazzino
debole

385

148 D. D.

AL 63

9 Ms

WIP

7

•

1

19

High Cal Coke

120

Br net 123

57

٥٢٠

100

• • • • •

130

100



• • •

1000

04/03/04

1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 26

4919

1383

ACC 10000/120/5874
(2 of 2 folders)

Q/1/16 - E

SHIPPING TICKETS BRITISH MEDICAL

Apr - May 1945

SHIPPING TICKETS BRITISH MEDICAL 101 150

485-
5055

May 1945

1/400 BATTAGLIONE PIONIERI ITALIANI
INFERMERIA

SUBJECT - Methylated Spirit

I certify that Methylated Spirit is necessary
for the sterilization of Medical Instruments in
the M.I. Room of 95 Italian Land Army
Hospital on accompanying 17449/31/5 for per-
mission accordingly

6004
31-3-45

UNIONE DI SERVIZIO ITALIANO

(S. Gen. 17449/31/5)

By *[Signature]* 173 RMC.
ITALIAN PIONEER CORPS
1st Regiment
1st Bn.

4909

APPENDIX 'A' TO AREA HQ 267/141
 AREA FORM 31/3

RATIONS ISSUE NOTE
 BUONO DI PRELEVAMENTO

Voucher No of Unit
 Demanding.
 N. di serie del
 Rapporto prelevante.

Voucher No of
 Issuing Depot.
 N. di serie del
 Magazzino cedente.

Unit
 Rapporto

32

Rations for consumption from
 Razioni da consumarsi dal... to...
 N. di serie del... N. di serie del...

Ration Strength
 Forza da vettovagliare...
 Single Scale
 Tipo Unico...

Total Number Rations
 Numero Totale razioni...
 Single Scale
 Tipo Unico...

Depot
 Magazzino

ITEM
 GENERE

QUANTITY
 QUANTITATIVO

ITEM
 GENERE

QUANTITY
 QUANTITATIVO

ITEM
 GENERE

QUANTITY
 QUANTITATIVO

ITEM
 GENERE

QUANTITY
 QUANTITATIVO

Signature of Officer
 of Unit demanding

Counter Signature of Officer
 of Unit Demanding

Signature of Officer
 of Unit Demanding

Counter Signature of Officer
 of Unit Demanding

Forma de vettovagliare.....Tipo Unico.....da viaggio.....Ospedale

Total Number Rations.....Single Boole.....Travelling.....Hospital
Numero Ratione razioni.....Tipo Unico.....da viaggio.....Ospedale

Depot.....
Magazzino.....

ITEM.....
QUANTITA.....

QUANTITATIVE.....
QUANTITATIVE.....

ITEM.....
QUANTITA.....

QUANTITATIVE.....
QUANTITATIVE.....

ITEM.....
QUANTITA.....

QUANTITATIVE.....
QUANTITATIVE.....

ITEM.....
QUANTITA.....

QUANTITATIVE.....
QUANTITATIVE.....

Signature of Officer.....
of Unit commanding.....

Counter Signature of Officer.....
of Unit Demanding.....

Signature of Officer.....
Commanding Issuing Depot.....

Signature of Person taking.....
delivery of rations.....

Date rations.....
drawn.....

This copy to be retained by unit drawing rations, 908
Questo copia deve ritenuta dal reparto prelevante, 908

Requisizioni di razioni ai nuclei mince...

MMIA FORM 57-4

CC. RR.

Voucher No.
of Unit Forwarding
No. di Serie del
Rapporto prelevato: 6

Voucher No.
of Issuing Report
N° di Serie del
Magazzino cedente

RATIONS ISSUE NOTE
BUONO DI PRELEVAMENTO

Unit
Reparto Comando Gruppo dei Carabinieri Regli di A B E Z Z O
Rations for consumption from
Razioni da consumare dal I / 4 / 1945 al 30 / 4 / 1945 No. days 30
Ration Strength
Porta da Vetrociaglio 499 Single Scale
Tipo Unico
Travelling
da Viaggio
Hospital
Ospedale
Total Number Rations
Numero Totale Razioni
Single Scale
Tipo Unico
Travelling
da Viaggio
Hospital
Ospedale
Depot
Magazzino allegato in Arrezzo N° 145 D.I.D.

ITEM GENERE	WSP	Md...
QUANTITY QUANTITATIVO	7 lbs.	18 galls.
ITEM GENERE	AL 63	AM 63
QUANTITY QUANTITATIVO	10 lbs.	10 galls.
ITEM GENERE	Explosives	
QUANTITY QUANTITATIVO	240	
ITEM GENERE	TR 1	

123

QUANTITY
QUANTITATIVO 250

Signature of Officer
Commanding Issuing Depot
Signature of Person making
delivery of rations

Signature of Officer
Commanding Receiving Depot
Signature of Person making
delivery of rations

Stamp: 4907

Station Strength
Forma da compilarsi 499
Total Number Rations
Numero Totale Razioni
Depot
Magazzino
Alloggio in Arrezzo R/ro 145 D.I.D. a

Travelling
da viaggio
Travelling
da viaggio
Hospital
Ospedale
Hospital
Ospedale

ITEM GENERE	WSP	Molaidi
QUANTITY QUANTITATIVO	7 lbs.	15 galls
ITEM GENERE	Alc 65	HM Spans
QUANTITY QUANTITATIVO	10 lbs.	10 galls
ITEM GENERE	Dye tablets	
QUANTITY QUANTITATIVO	240	
ITEM GENERE	TR 1	

Handwritten signature 123

QUANTITY
QUANTITATIVO 250

Signature of Officer
Commanding Issuing Depot
Handwritten signature

Signature of Person taking
delivery of ration
Handwritten signature

Date
ration drawn
2/4/45

Stamp: IL MAGAZZINO
Nominato a carica di
CAPO MAGAZZINO
di 1° categoria
CAPO MAGAZZINO
di 2° categoria
CAPO MAGAZZINO
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di 8° categoria
CAPO MAGAZZINO
di 9° categoria
CAPO MAGAZZINO
di 10° categoria

This copy to be retained by unit drawing rations
Questa copia sarà ritenuta dal reparto prelevante

N.B. Con questo buono si prelevano i disinfettanti anche per N/7 stazioni
di alta montagna per le quali non vengono prelevati i viveri perché
hanno le riserve invernali.

R. E.
RATIONS ISSUE NOTE
DI PRELEVAMENTO

MMIA FORM

Voucher No. _____
of Issuing Depot _____
N° di serie del _____
Magazzino cedente.....

No. _____
Relevante.....
Unit _____
Reparte _____

Rations for consumption from	to	No. days	
Razioni da consumarsi dal	al	N. Giorni	
Ration Strength	Single Scale	travelling	Hospital
Forza da Vettevagliare	Type Unico	da Viaggio	Ospedale
Total Number Rations	Single Scale	Travelling	Hospital
Numero Totale Razioni	Type Unico	da Viaggio	Ospedale

Depot _____
Magazine _____

ITEM	WSP	AL 63	
GENERE			
QUANTITY	3 lbs.	4 lbs.	
QUANTITATIVO			
ITEM	TR 7	Material	
GENERE			
QUANTITY	250	6 gals.	
QUANTITATIVO			
ITEM	Any Canteen		
GENERE			
QUANTITY	90		
QUANTITATIVO			
ITEM	AM Spray		
GENERE			
QUANTITY	4 gals.		
QUANTITATIVO			

Signature of Officer _____ Firma di un Ufficiale
of Unit Demanding _____ del Reparto rilevante

Counter Signature of Officer _____ Centrefirma di un Ufficiale
of Unit Demanding _____ del Reparto prelevante

Signature of Officer _____ Firma del Consegnatario
Commanding Issuing Depot _____ del Magazzino cedente

Signature of Person taking _____ Firma di chi preleva
delivery of rations _____ le razioni

Date _____ Data di prelevamento
rations drawn _____ delle razioni

Handwritten: *Handwritten*

APPENDIX "A" TO AREA HQ 987/143

UNITED STATES OF AMERICA
BUREAU OF THE ARMY

di Medicinali

UNITED STATES OF AMERICA
BUREAU OF THE ARMY
REPORT OF THE ARMY
UNITED STATES OF AMERICA

Italian G. B. U.

UNITED STATES OF AMERICA
BUREAU OF THE ARMY
REPORT OF THE ARMY
UNITED STATES OF AMERICA

188

UNITED STATES OF AMERICA
BUREAU OF THE ARMY
REPORT OF THE ARMY
UNITED STATES OF AMERICA

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BUREAU OF THE ARMY
REPORT OF THE ARMY
UNITED STATES OF AMERICA

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2004-05-01

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6154 Btg. - "Guardie"
6^a Compagnia

[illegible]

105-510

[illegible][illegible]

7067

Time	Alt	Spring	Hydrocarbon
10:00	3	gall	60
10:15	4L	63	TAT
10:30	3	hrs	750
10:45	WSP		
11:00	2		
11:15	Hydrocarbon		
11:30	5	gall	

Dr Neil 123

Total copy to be retained by mail drawing method

R. E.

MMIA FORM ST 8

Voucher No.
of Unit Demanding
N° di Serie del
Reparto prelevante

RATIONS ISSUE NOTE
BUONO DI PRELEVAMENTO

Voucher No.
of Issuing Depot
N° di Serie del
Magazzino cedente

MISCELLANEOUS

Unit

Reparto

Rations for consumption from

Razioni da consumarsi dal

Ration Strength

Forza da Vettovagliare

Total Number Rations

Numero Totale Razioni

Depot

Magazzino

to

at

No. days

N° giorni

Single Scale

Tipo Unico

Single Scale

Tipo Unico

Travelling

da Viaggio

Travelling

da Viaggio

Hospital

Ospedale

Hospital

Ospedale

ITEM GENERE	ANTI-MOSQUITO SPRAY	FLY CATCHERS	WATER STERILIZING POWDER	TASTE REMOVER TABS
QUANTITY QUANTITATIVO	4	100	3	250
ITEM GENERE	INSECT REPELLENT	AL 63	MALARIAL	PARIS GREEN
QUANTITY QUANTITATIVO	—	4	6	—
ITEM GENERE	FLY SQUATTERS			
QUANTITY QUANTITATIVO	—			
ITEM GENERE				
QUANTITY QUANTITATIVO				

Signature of Officer
of Unit Demanding

Counter Signature of Officer
of Unit Demanding

Signature of Officer
Commanding Issuing Depot

Signature of Person taking
delivery of rations

Date

rations drawn

Firma di un Ufficiale
del Reparto Prelevante

Controfirma di un Ufficiale
del Reparto Prelevante

Firma del Consegnatario
del Magazzino cedente

Firma di chi preleva
le razioni

Data di prelevamento
delle razioni

This copy to be retained by issuing depot
Questa copia sarà ritenuta dal magazzino cedente

BR-171

WAR DEPARTMENT
Q. M. C. Form No. 114
Revised June 30, 1942

SEP 11 1945

SHIPPING TICKET

CONSIGNOR BRITISH GOVERNMENT

BR.MED.No 122

DATE SHIPPED OR DELIVERED 2 APRIL 1945

SHIP TO

ITALIAN GOVERNMENT

AUTHORITY OF REQ. No.

TRANSPORTATION COST OF \$

P/A No.

CHARGEABLE TO

QUANTITY		ARTICLE	UNIT	UNIT COST	TOTAL COST
ORDERED	SHIPPED				
	18	Water Sterilising Pwdr	lb		
	477	Flycatchers	No		
	17	A.L. 63 Mk11	lb		
	1500	Taste Remover Tablets	No		
	29	Malar'ol	Gal		
	21	Anti Mosquito Spray	Gal		
	4	Cresol Solid	lb		
	1	Methylated Spirite	Gal		

The above figures are compiled from Form ST 8 No 162/31,
No 171/32, No 163/33, No 164/31, No 169/31, No 152/2,
No 153/29, No 165/31

Per authority AFHQ Ltr. 400/105 DO. dated 22 Sept 44
The above items were shipped to the Italian Armed Forces
From 145 D.I.D.
To Italian Military
On 2 Apr 45

MAJOR GENERAL
MILITARY MISSION ITALIAN ARMY
ALLIED REPRESENTATIVE

4902

ART. LISTS LISTED IN COLUMN "ORDERED" HAVE BEEN RECEIVED UNLESS
OTHERWISE NOTED IN COLUMN "SHIPPED"

CONSIGNOR'S VOL. No.
CONSIGNEE'S VOL. No.
NUMBER OF SHEETS

W.S.A.	Ply. catch	RA 63	T.R.T.	Material	A/m Spray
4 lbs.	137	2 lbs.	250	9 gall.	6 gall.
1 lb.	24	1	250	1 gall.	1 gall.
2 lb.	60	3 lbs.	250	4 galls.	3 gall.
4 lbs.	26	5 lbs.	250	1 gall.	1 gall.
2 lb.	120	1 lb.	250	8 gall.	5 gall.
3 lbs.	70	1 lb.	250	5 gall.	3 gall.
1 lb.	6			1 gall.	1 gall.
1 lb.	20	17	1500	29	1 gall.
18	477				31
brass	meets				
4 lbs	1 gall				

SIMILAR FORMS: 8174

Voucher No.
of Issuing Depot
N° di Serie del
Magazzino cedente

Rations for consumption from
Razioni da consumarsi dal
Ration Strength
Forza da Vettevagliare
Total Number Rations
Numero Totale Razioni
Depot
Magazzino

1-19-65

30 - 45	No. days
	N. group

Ration Strength
Porta da Vettorecagliare
Total Number Rations
Numero Totale Razioni
Depot
Magazzino

Single Scale
Type Union
Single Scale
Type Union

Travelling
da viaggio
Travelling
da viaggio

Hospital
Corporate
Hospital
Corporate

Wm. F. Felt

Prima di un Ufficiale
del Reparto Proletario

Ben. Franklin

Controfirma di un Ufficiale
del Reparto prelevante

Dr. J. B. C. C.

Firma del Consegretario
del Magazzino cedente.

By B. B. B. B.

Firma di chi proleva
le paroli

2-4-45

Data di prelievo delle razioni

This copy to be retained by issuing depot
Questa copia sarà ritenuta dal magazzino cedente

4901

2155 2471

Vacher No.

ATIONS ISSUE NOTE
BUONO DI PRELEVAMENTO

Voucher No.
 of Unit Pending
 No. & Serie del
 Reporto Prelevant

of Issuing Depot
No 41 Serie del
Vale zaino cedente. 171/1.

35

UNIT 4
REPORTS... 3rd ITALIAN (T.C.) COMPANY - (P.C.) C.M.B.

Rations for consumption from		to	
Razioni da consumarsi dal		al	
24	Porto di Vetrovogliore	1.3° Magenta 1945	1.3° Magenta 1945
720	Total Number Rations	Aprile 1945	Aprile 1945
	Numero Totale Razioni		

Depot
No. 145 D. I. B.
M. G. 145 D. I. B.

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[illegible]

R. E.

M. H. FORM ST. R.

RATIONS ISSUE NOTE
BUONO DI PRELEVAMENTO

Voucher No.
of Unit Demanding
N° di Serie del
Reparto prelevante

Voucher No.
of Issuing Depot
N° di Serie del
Magazzino colante

163
33

Unit
Reparto

521 Ospedale Attendato Ausiliario

Rations for consumption from
Razioni da consumarsi dal

1/4/45

to
al

30/4/45

No. days
N° giorni

30

Ration Strength
Forza da razione

120

Single Scale
Tipo Unico

Travelling
da Viaggio

Hospital
Ospedale

Total Number Rations
Numero Totale Razioni

Single Scale
Tipo Unico

Travelling
da Viaggio

Hospital
Ospedale

Depot
Magazzino

145 D I D

ITEM GENERE	Polvere per sterilizzare acqua	N. 16 WSP.	2 lbs
QUANTITY QUANTITATIVO	Compresses correctivi del sapore	N. 30 TAT.	150
ITEM GENERE	Pedraletta amaricifera	N. 30 AL 63	3 lbs
QUANTITY QUANTITATIVO	Piglossiniche	N. 50 AMTomy	5 lbs
ITEM GENERE	Alca. Opivida	N. 30 Cande	4 lbs
QUANTITY QUANTITATIVO	A. 6. 63 (polvere insidiosa)	N. 30 M. 10	1 gallo
ITEM GENERE	Bleach. fumigatori	N. 30 M. 10	1 gallo
QUANTITY QUANTITATIVO	Sigaroletti medicinali	N. 30 M. 10	1 gallo
ITEM GENERE	Crescina. Altri	N. 30 M. 10	1 gallo
QUANTITY QUANTITATIVO	Spatola da cucina	N. 30 M. 10	1 gallo
ITEM GENERE	Malarialet	N. 30 M. 10	1 gallo
QUANTITY QUANTITATIVO	Vale de gli Pigi	N. 30 M. 10	1 gallo

Signature of Officer
of Unit Demanding

Counter Signature of Officer
of Unit Demanding

Signature of Officer
Commanding Issuing Depot

Signature of Person taking
delivery of rations

Date
rationi date

Firma di un Ufficiale
del Reparto prelevante

Contersignatura di un Ufficiale
del Reparto prelevante

Firma del Comandante
del Magazzino colante

Firma di chi preleva
le razioni

Data di prelevamento
4/4/45

This copy to be retained by unit drawing rations
Questa copia sarà ritenuta dal reparto prelevante

ARTICLES
SUBJECT OF
ISSUE YORK
PUBLISHED

1997-1998

Volume 16
Air Landing Dept
No. 10-10-1957
Department of Defense

No. days	30
K. record	Hospital
	Opportunity
	Hospital
	Opportunity

Fransisco
de Viana

Single Scale
Two Scales
Single Scale
Two Scales

145 D 13

20

Edith

2nd

122

Edmondo de un'azienda del
gruppo profumista

Department of Health and Human Services
U.S. Government Printing Office

1. Name of person being interviewed *John Doe*
2. Address of person being interviewed *143 D.D.*
3. Date of interview *30*
4. Name of interviewer *John Doe*
5. Title of interviewer *Special Agent*
6. Name of person being interviewed *John Doe*
7. Address of person being interviewed *143 D.D.*
8. Date of interview *30*
9. Name of interviewer *John Doe*
10. Title of interviewer *Special Agent*

11. Name of person being interviewed *John Doe*
12. Address of person being interviewed *143 D.D.*
13. Date of interview *30*
14. Name of interviewer *John Doe*
15. Title of interviewer *Special Agent*
16. Name of person being interviewed *John Doe*
17. Address of person being interviewed *143 D.D.*
18. Date of interview *30*
19. Name of interviewer *John Doe*
20. Title of interviewer *Special Agent*

21. Name of person being interviewed *John Doe*
22. Address of person being interviewed *143 D.D.*
23. Date of interview *30*
24. Name of interviewer *John Doe*
25. Title of interviewer *Special Agent*
26. Name of person being interviewed *John Doe*
27. Address of person being interviewed *143 D.D.*
28. Date of interview *30*
29. Name of interviewer *John Doe*
30. Title of interviewer *Special Agent*

31. Name of person being interviewed *John Doe*
32. Address of person being interviewed *143 D.D.*
33. Date of interview *30*
34. Name of interviewer *John Doe*
35. Title of interviewer *Special Agent*
36. Name of person being interviewed *John Doe*
37. Address of person being interviewed *143 D.D.*
38. Date of interview *30*
39. Name of interviewer *John Doe*
40. Title of interviewer *Special Agent*

APPENDIX 'A' TO AREA HQ 267744
 MILIA FORM SF/P

RATIONS ISSUE NOTE
 BUONO DI PRELEVAMENTO

Voucher No of Unit

Demanding

N. di serie del

Reporto prelevante

Unit

Superiore

Voucher No of

Issuing Depot

N. di serie del

Magazzino cedente

Rations for consumption from 1st to 30 April No days 30

Ration Strength 250 Single Scole 31-12 Scole Travelling Hospital

Porte da vettovagliare 250 Tipo Unico da viaggio Ospedale

Total Number Rations Single Scole Travelling Hospital

Numero Totale razioni Tipo Unico da viaggio Ospedale

Depot: 145 D 1 D

Magazzino

ITEM QUANTITY

GENERE QUANTITATIVO

ITEM QUANTITY

GENERE QUANTITATIVO

ITEM QUANTITY

GENERE QUANTITATIVO

ITEM QUANTITY

GENERE QUANTITATIVO

WATER STERILIZATION POWDER RATIONERS 4163

QUANTITY QUANTITATIVO 4 lbs 120 5 lbs

ITEM QUANTITY QUANTITATIVO

GENERE QUANTITATIVO

ITEM QUANTITY QUANTITATIVO

GENERE QUANTITATIVO

ITEM QUANTITY QUANTITATIVO

GENERE QUANTITATIVO

ITEM QUANTITY QUANTITATIVO

GENERE QUANTITATIVO

ITEM QUANTITY QUANTITATIVO

Signature of Officer of Unit commanding Counter Signature of Officer of Unit Demanding Signature of Officer of Unit

Firma di un Ufficiale del Reparto prelevante Contrassegno di un Ufficiale del Reparto Prelevante Firma del Conservatorio del

4697

8 gals

PARIS GREEN

Major

8 gals

PARIS GREEN

4697

Depot
Umschlagzins 145 0 1 0

ANALYTICAL SENSITIVITY

216

~~IDENTIFICATION NUMBER~~

40
Dr. M. L. ...
...
...

WHITE PEARL TABLETS

2008-06-17 09:45

DATE
PAGE
PAGE

PARIS PRIN 4695

Amato di un Usciatore del

975020107 D:J0108

con 2 of 1000 in 1000000

9724000 Prolevento

Viene dal Conoscimento del
Mondo e della
Cultura

Dr. J. H. P. M.

7004004
7004004
7004004

47
48
49
50
51

proveniente dalle
regioni

This copy to be retained by unit drawing nations.
Quota copies are: fifteen and reports prolevents.

R. E.

MHA FORM 874

RATIONS ISSUE NOTE
BUONO DI PRELEVAMENTO

Voucher No.
of Unit Demanding
N° di Segno del
Reparto prelevante

Unit

Reparto

Rations for consumption from
Razioni da consumarsi dal

6 - April 1945 to 9 - 4 - 1945

No. days

N° giorni

Ration Strength

Forza di sottoscrivere

Total Number Rations

Numero Totale Razioni

Depot

Magazzino

Single Scale

Tipo Unico

Single Scale

Tipo Unico

Travelling

da Viaggio

Travelling

da Viaggio

Hospital

Ospedale

Hospital

Ospedale

ITEM
GENERE

QUANTITY
QUANTITATIVO

ITEM
GENERE

QUANTITY
QUANTITATIVO

ITEM
GENERE

QUANTITY
QUANTITATIVO

ITEM
GENERE

QUANTITY
QUANTITATIVO

Signature of Officer
of Unit Demanding

Counter Signature of Officer
of Unit Demanding

Signature of Officer
Controlling Issuing Depot

Signature of Person taking
delivery of rations

Date

Ration drawn

Firma di un Ufficiale
del Reparto prelevante

Controfirma di un Ufficiale
del Reparto Prelevante

Firma del Comandante
del Magazzino centrale

Firma di chi preleva
le razioni

Data di prelievo
delle razioni

This copy to be retained by unit drawing rations
Questa copia sarà ritenuta dal reparto prelevante

MMA FORM 51.1

RATIONS ISSUE NOTE
BUONO DI PRELEVAMENTO

Voucher No.
of Unit Demanding
N° di Serie del
Reparto prelevante

74

Voucher No.
of Issuing Depot
N° di Serie del
Magazzino cedente

165
31

Unit

Reparto ASI PIEMONTE REGION (CARABINIERI)

Rations for consumption from

Razioni da consumarsi dal

April 1945.

to

al

30/4/45

No. days

N giorni

30

Ration Strength

Forza da Viaggio

42

Single Scale

Tipo Unico

Travelling

da Viaggio

Hospital

Ospedale

Total Number Rations

Numero Totale Razioni

37

Single Scale

Tipo Unico

Travelling

da Viaggio

Hospital

Ospedale

Depot

Magazzino

145 D.I.D., R.A.S.G.

ITEM GENERE	Water Sterilizing Powder	Izal	Anti-Mosquito Cream	Taste Remover Tablets
QUANTITY QUANTITATIVO	1 lb	/	/	250
ITEM GENERE	Fly Catchers	Prepared Rat Bait	AL 63 Powder	Blooms Stimulating
QUANTITY QUANTITATIVO	6	/	1 lb	/
ITEM GENERE	Anti-Mosquito Spray	Grease	Rectified Spirits	Malariaeol
QUANTITY QUANTITATIVO	1 gal	/	9/22	1 gal
ITEM GENERE	Paris Green			
QUANTITY QUANTITATIVO	/			

Signature of Officer
of Unit Demanding

CAPT.
OC. British Detachment
Piemonte Region

Firma di un Ufficiale
del Reparto Prelevante

Counter Signature of Officer
of Unit Demanding

Controfirma di un Ufficiale
del Reparto Prelevante

Signature of Officer
Commanding Issuing Depot

Firma del Comandante
del Magazzino cedente

Signature of Person taking
delivery of rations

Firma di chi preleva
le razioni

Date
razioni desce

2/4/45

Data di prelevamento
delle razioni

No Italian Officers with this Det.

This copy to be retained by issuing depot
Questa copia sarà ritenuta dal magazzino cedente

CAPT.
OC. British Detachment
Piemonte Region

1400

1414 THE 551

REMARKS NO. OF
ISSUES 30000
IN 1955 100
AND 1956 10000

I

35 ITALIAN T.C. COY ART 71' COY (T.C.)

1 April 45

30

[Signature]

30

US DID

DIRECTANTS ETC.

WATER STER. POWDER
ANTI MALARIAL: CREAM

~~FLUORIDE~~

~~AL-53~~

~~ANTI MALARIALS SPRAY~~

~~CREOSOTE
METHY~~

~~MALABAR
PRINCE~~

WSP AM Spray

1 Me 1 Gall

Deposits Malaria

1 Gall

AL-63

1 M

10000

[Signature]

4896

20
22

145 D17

~~DIRTYELECTRIC ETC.~~

~~WATER STEEL POWDER~~
~~ANTI MOSQUITO CIGAR~~

~~FLAME~~
~~EXTRACTORS~~

~~W.L. 63~~
~~ANTI MOSQUITO SPRAY~~

~~CLEOPTE~~
~~METHY~~

~~MILLARUEL~~
~~PASIS CREEK~~

WSP
1 lb

100 Spray

1 Gall

20

Al-63

1 lb

Paul Pinner

W. L. 63

Michael

4892

2/4/45

2/4/45

2/4/45

WAR DEPARTMENT
 Q. M. C. Form No. 414
 Revised June 10, 1942

SHIPPING TICKET

SEP 11 1945

 CONSIGNOR: **BRITISH GOVERNMENT**

BR. MND. No 121

 DATE SHIPPED OR DELIVERED: **2 APRIL 1945**

 SHIP TO: **ITALIAN GOVERNMENT**

 AUTHORITY OR REQ. No. *642*

TRANSPORTATION COST OF \$

CHARGEABLE TO

P/A No.

QUANTITY		ARTICLE	UNIT	UNIT COST	TOTAL COST
ORDERED	RECEIVED				
	223	Anti Mosquito Cream or Insect Repellent	lb		
	115	Flycatchers	No		
	40	A.L. 63 Mk 11	lb		
	24	Anti Mosquito Spray	Gal		
	40	Malariaol	Gal		

The above figures are compiled from Form ST 8

Per authority AFHQ Ltr. - 400/105 DO. dated 22 Sept 44
 The above items were shipped to the Italian Armed Forces
 From. 14 Coy Comp Pl
 To . 163 Ital Par Coy
 On. 2 Apr. 45

[Signature]
 MAJOR GENERAL
 MILITARY MISSION ITALIAN ARMY
 ALLIED REPRESENTATIVE

4895

ARTICLES LISTED IN COLUMN "ORDERED" HAVE BEEN RECEIVED UNLESS OTHERWISE NOTED IN COLUMN "SHIPPED"

 CONSIGNOR'S VOC. No.
 CONSIGNEE'S VOC. No.
 NUMBER OF SHEETS

R. E.

MRIA FORM 515

RATIONS ISSUE NOTE
BUONO DI PRELEVAMENTO

Unit No.
of Unit Drawing
N° di Scato del
Reparto prelevante

A/163/148

Voucher No.
of Drawing Unit
N° di Scato del
Magazzino ricevente

Unit

Reparto 163 Italian Pioneer Coy

Rations for consumption from

Razioni da consumarsi dal

May 1st

to
a)

May 31st

No. days

N° giorni

31

Ration Strength

Forza da reintegrare

223

Single Scale

Tipo Unico

Travelling

da Viaggio

Hospital

Ospedale

Total Number Rations

Numero Totale Razioni

Single Scale

Tipo Unico

Travelling

da Viaggio

Hospital

Ospedale

Depot

Magazzino

14 Camp RASC

O 14 COY. COMP. PL. RASC

ITEM GENERE	A/Malaria tonic for 1 Month Qty		
QUANTITY QUANTITATIVO	Anti Mos Cream or Insect Repellent (for) 223		
ITEM GENERE	Fly Catcher	No	115
QUANTITY QUANTITATIVO	A L 63.	lbs	40 lbs
ITEM GENERE	A/Mosquito Spray	Gals	24
QUANTITY QUANTITATIVO	Malariaol	12 Gals	40
ITEM GENERE			
QUANTITY QUANTITATIVO			

Signature of Officer
of Unit Drawing

Capt. B. E. Fisher

Counter Signature of Officer
of Unit Drawing

C. E. Thompson

Signature of Officer
Commanding Issuing Depot

W. A. B. B. B.

Signature of Person taking
delivery of rations

Quint

Date

Rations drawn

1st Entrenchment

2. 5. 45.

Signature of Officer
of Unit Drawing

Counter Signature of Officer
of Unit Drawing

Signature of Officer
Commanding Issuing Depot

Signature of Person taking
delivery of rations

4832

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Questa copia sarà ritenuta dal reparto prelevante

WAR DEPARTMENT
O. M. C. Form No. 01
Revised June 15, 1943

SHIPPING TICKET

SEP 11 1945

CONSIGNOR **BRITISH GOVERNMENT**

BR. MED. No 120

DATE SHIPPED OR DELIVERED **29 APRIL 1945**

SHIP TO **ITALIAN GOVERNMENT**

AUTHORITY OR REQ. No. *64*

TRANSPORTATION COST OF \$

CHARGEABLE TO

P/A No.

QUANTITY		ARTICLE	UNIT	UNIT COST	TOTAL COST
ORDERED	SHIPPED				
	11	A. L. 63. Mk 11	1b		
The above figures are compiled from Form ST 8 Per authority AFHQ Ltr. 400/103 DO. dated 22 Sept 44 The above items were shipped to the Italian Armed Forces From. 14 Coy Comp Pl To . 217 Ital Pnr Coy On . 29 Apr 45 <i>[Signature]</i> MAJOR GENERAL MILITARY MISSION ITALIAN ARMY ALLIED REPRESENTATIVE 4891					

ARTICLES LISTED IN COLUMN "ORDERED" HAVE BEEN RECEIVED UNLESS OTHERWISE NOTED IN COLUMN "SHIPPED"

CONSIGNEE'S VOL. No.
CONSIGNOR'S VOL. No.
NUMBER OF SHEETS

R. E.
 RATIONS ISSUE NOTE
 BUONO DI PRELEVAMENTO

MHA FORM 51E

Demanded
 dal
 preferente

1

Voucher No.
 of Issuing Depot
 No. di Serie del
 Magazzino cedente

parto 217. Italian Par. Coy.

Rations for consumption from

Razioni da consumarsi dal 1ST APRIL

to

al 30 APRIL

No. days

N° giorni 30

Ration Strength

Forza da rittovagliare 217

Single Scale

Tipo Unico

Travelling

da Viaggio

Hospital

Ospedale

Total Number Rations

Numero Totale Razioni

Single Scale

Tipo Unico

Travelling

da Viaggio

Hospital

Ospedale

Depot

Magazzino

14 (COMP) D.I.D.

ITEM GENERE	AK. 63.			
QUANTITY QUANTITATIVO	11	Certified Strength 217 all ranks		
ITEM GENERE				
QUANTITY QUANTITATIVO				
ITEM GENERE				
QUANTITY QUANTITATIVO				
ITEM GENERE				
QUANTITY QUANTITATIVO				

Signature of Officer
 of Unit Demanding

Counter Signature of Officer
 of Unit Demanding

Signature of Officer
 Commanding Issuing Depot

Signature of Person taking
 delivery of rations

Date
 rations drawn

1st Lancieri Angelo

Angelo

W. A. S. S. S. S.

27/4/45

Firma di un Ufficiale
 del Reparto prelevante

Controfirma di un Ufficiale
 del Reparto prelevante

Firma del Comandante
 del Magazzino cedente

Firma di chi preleva
 le razioni

Data di prelevamento
 delle razioni

4890

This copy to be retained by unit drawing rations
 Questa copia sarà ritenuta dal reparto prelevante

WAR DEPARTMENT
O. M. C. Form No. 415
Revised June 30, 1943

SHIPPING TICKET

SEP 11 1945

CONSIGNOR

BRITISH GOVERNMENT

RR.MND.No 119

DATE SHIPPED OR DELIVERED

27 APRIL 1945

SHIP TO

ITALIAN GOVERNMENT

AUTHORITY OR REQ. No.

TRANSPORTATION COST OF \$

P/A No.

CHARGEABLE TO

QUANTITIES		ARTICLE	UNIT	UNIT COST	TOTAL COST
ORDERED	SHIPPED				
	12	Grenoli	lb		
	9	A.L. 63 Mk 11	lb		

The above figures are compiled from Form ST 8

Per authority AFHQ Ltr. 400/105 DO. dated 22 Sept 44
The above items were shipped to the Italian Armed Forces
From. 14 COY COMP PL
To . 21 ITAL RAILWAY CONSTRUCTION COY
On . 27 Apr 45

[Signature]
MAJOR GENERAL
MILITARY MISSION ITALIAN ARMY
ALLIED REPRESENTATIVE

4689

L'ISPETTORE GENERALE

ARTICLES LISTED IN COLUMN "ORDERED" HAVE BEEN RECEIVED UNLESS
OTHERWISE NOTED IN COLUMN "SHIPPED"

CONSIGNOR'S VOL. No.
CONSIGNEE'S VOL. No.
NUMBER OF SHEETS

R. E.

RATIONS ISSUE NOTE
BUONO DI PRELEVAMENTO

FORMA 1055-1-1

Signature of Officer
of Unit Demanding
Rations
Regio: 1055-1-1

Signature of Officer
of Issuing Depot
No. of Rations
Magazzino: 1055-1-1

Unit: 21st Italian Railway Construction Company
Rations for consumption from: 21 Apr 45 to 27 Apr 45
Rations for consumption from: 21 Apr 45 to 27 Apr 45

Ration Strength: 190
Forza da Vettovagliare: 190
Total Number Rations: Single Scale
Numero Totale Razioni: Tipo Unico
Depot: Single Scale
Magazzino: Tipo Unico
Travelling: da Viaggio
Hospital: Ospedale
Travelling: da Viaggio
Hospital: Ospedale

ITEM DESCRIZIONE	Ambr. Fly Spray	Creosote for trains	A.L. 63	Latrine paper
QUANTITY QUANTITATIVO	7 gals	12 lbs	9 lbs	
ITEM DESCRIZIONE				
QUANTITY QUANTITATIVO				
ITEM DESCRIZIONE				
QUANTITY QUANTITATIVO				
ITEM DESCRIZIONE				
QUANTITY QUANTITATIVO				

Signature of Officer
of Unit Demanding
Comando: 1055-1-1
Signature of Officer
of Unit Demanding
Comando: 1055-1-1
Signature of Officer
Commanding Issuing Depot
Comando: 1055-1-1
Signature of Person taking
delivery of rations
Comando: 1055-1-1
Date
Comando: 1055-1-1

Signature of Officer
of Issuing Depot
Comando: 1055-1-1
Signature of Officer
of Issuing Depot
Comando: 1055-1-1
Signature of Officer
Commanding Issuing Depot
Comando: 1055-1-1
Signature of Person taking
delivery of rations
Comando: 1055-1-1
Date
Comando: 1055-1-1

21 Apr 45
4888

WAR DEPARTMENT
O. M. C. Form No. 104
Revised June 10, 1942

SHIPPING TICKET

SEP 11 1945

CONSIGNOR: BRITISH GOVERNMENT

BR.MED. No 118

DATE SHIPPED OR DELIVERED 7 MAY 1945

SHIP TO

ITALIAN GOVERNMENT

AUTHORITY OR REQ. No.

642

TRANSPORTATION COST OF \$

CHARGEABLE TO

P/A No.

QUANTITY		ARTICLE	UNIT	UNIT COST	TOTAL COST
ORDERED	SHIPPED				
1.1/3		Water Sterilising Padr	lb		
2		Malarisol	Gal		
32		Anti Mosquito Cream	lb		
1		Paris Green	lb		
1		Isal	Pint		
40		Flycatchers	No		
1 1/2		A.L. 63 Mk 11	lb		
1 1/2		Anti Mosquito Spray	Gal		
1		Cresol	lb		
1		Methylated Spirits	Gal		

The above figures are compiled from Form ST 8 No 191/4

Per authority AFHQ Ltr. 400/105 DO. dated 22 Sept 44

The above items were shipped to the Italian Armed Forces

From. 209 D.I.D.

To . 805 Ital Transit Camp

On . 7 MAY 45

MAJOR GENERAL
MILITARY MISSION ITALIAN ARMY
ALLIED REPRESENTATIVE

4887

ARTICLES LISTED IN COLUMN "ORDERED" HAVE BEEN RECEIVED UNLESS OTHERWISE NOTED IN COLUMN "SHIPPED"

CONSIGNOR'S VOL. No.
CONSIGNEE'S VOL. No.
NUMBER OF SHEETS

R. E.

MMIA FORM 51-8

Voucher No.
of Unit Demanding
N° di Serie del
Reparto prelevante

RATIONS ISSUE NOTE
BUONO DI PRELEVAMENTO

Voucher No.
of Issuing Depot
N° di Serie del
Magazzino cedente

Unit

Reparto

Rations for consumption from

Razioni da consumarsi dal

to

al

No. days

N. giorni

Ration Strength

Forza da Vettovagliare

Total Number Rations

Numero Totale Razioni

Depot

Magazzino

Single Scale

Tipo Unico

Single Scale

Tipo Unico

Travelling

da Viaggio

Travelling

da Viaggio

Hospital

Ospedale

Hospital

Ospedale

ITEM
GENEREQUANTITY
QUANTITATIVOITEM
GENEREQUANTITY
QUANTITATIVOITEM
GENEREQUANTITY
QUANTITATIVOITEM
GENEREQUANTITY
QUANTITATIVOSignature of Officer
of Unit DemandingCounter Signature of Officer
of Unit DemandingSignature of Office
Commanding Issuing DepotSignature of Person taking
delivery of rationsDate
rations drawnFirma di un Ufficiale
del Reparto PrelevanteControfirma di un Ufficiale
del Reparto prelevanteFirma del Comandante
del Magazzino cedenteFirma di chi preleva
le razioniData di prelevamento
delle razioni

4886

WAR DEPARTMENT
O. M. C. Form No. 114
Revised June 30, 1942

SHIPPING TICKET

SEP 11 1945

CONSIGNOR: BRITISH GOVERNMENT

BR. MED. No. 117

DATE SHIPPED OR DELIVERED 7 May 1945

SHIP TO: ITALIAN GOVERNMENT

AUTHORITY OR REQ. No. 64

TRANSPORTATION COST OF \$

CHARGEABLE TO

P/A No.

QUANTITY		ARTICLE	UNIT	UNIT COST	TOTAL COST
ORDERED	SHIPPED				
	1	Water Sterilising Pwdr	lb		
	18	Anti Mosquito Cream	lb		
	12	Taste Remover Tablets	Do		
	18	Flycatchers	Do		
	1	A.L.63. Mk-11	lb		
	1	Anti Mosquito Spray	gal		
	1 1/4	Malarisol	gal		
	1	Paris Green	lb		

The above figures are compiled from Form ST 8 No 186/6

Per authority AFHQ Ltr. -400/105 DO. dated 22 Sept 44
The above items were shipped to the Italian Armed Forces
From. 209 D.I.D.
To . 166 ITAL PWR COY
On . 7 May 45

[Signature]
MAJOR GENERAL
MILITARY MISSION ITALIAN ARMY
ALLIED REPRESENTATIVE

4885

ARTICLES LISTED IN COLUMN "ORDERED" HAVE BEEN RECEIVED UNLESS OTHERWISE NOTED IN COLUMN "SHIPPED"

CONSIGNOR'S VOL. No.
CONSIGNEE'S VOL. No.
NUMBER OF SHEETS

DISINFECTANT

R. E.

MMIA FORM ST/8

Voucher No.
of Unit Demanding
N° di serie del
Reparto prelevante

30

RATIONS ISSUE NOTE
BUONO DI PRELEVAMENTO
(BRI-ITI)

Voucher No.
of Issuing Depot
N° di Serie del
Magazzino cedente

186/6

Unit
Reparto

166 ITALIAN PIONEER COY.

Rations for consumption from
Razioni da consumarsi dal

8/5/45

to
al

14/5/45

No. days
N° giorni

7

Ration Strength

Forza da Vettovagliare

190

Single Scale
Tipo Unico

Travelling
da Viaggio

Hospital
Ospedale

Total Number Rations
Numero Totale Razioni

Single Scale
Tipo Unico

Travelling
da Viaggio

Hospital
Ospedale

Depot
Magazzino

209 D.L.D., R.L.A.S.C.

ITEM GENERE	WSP	AMC/Lean	IR Taks
QUANTITY QUANTITATIVO	1 5	18 lbs	12 lbs
ITEM GENERE	Fly Calches	AL 63	AMSP/inf
QUANTITY QUANTITATIVO	18	1 lbs	1 Gals
ITEM GENERE	Malanid	Paris Green	
QUANTITY QUANTITATIVO	1 1/4 Gals	1 lbs	
ITEM GENERE		Amef 117	
QUANTITY QUANTITATIVO		No.	

Signature of Officer
of Unit Demanding

Capt. Enrico De Simone

Firma di un Ufficiale
del Reparto Prelevante

Counter Signature of Officer
of Unit Demanding

E. De Simone

Controfirma di un Ufficiale
del Reparto Prelevante

Signature of Officer
Commanding Issuing Depot

P.O. Zamboni 4884

Firma del Consegnatario
del Magazzino cedente

Signature of Person taking
delivery of rations

Amef

Firma di chi preleva
le razioni

Date
rations drawn

7 May 45

Data di prelevamento
delle razioni

WAR DEPARTMENT
O. M. C. Form No. 111
Revised June 30, 1942

SHIPPING TICKET

SEP 11 1945

CONSIGNOR:

BRITISH GOVERNMENT

BR. MED. No 136

DATE SHIPPED OR DELIVERED

30 APRIL 1945

SHIP TO

ITALIAN GOVERNMENT

AUTHORITY OR REQ. No.

TRANSPORTATION COST OF \$

P/A No.

CHARGEABLE TO

QUANTITY		ARTICLE	UNIT	UNIT COST	TOTAL COST
ORDERED	SHIPPED				
		3/4 Water Sterilising Pwdr	lb		
		10 Taste Remover Tablets	No		
		20 Flycatchers	No		
		1 Malarisol	Gal		
		3/4 Paris Green	lb		
		1 Anti Mosquito Spray	Gal		

The above figures are compiled from Form ST 8 No 216/2

Per authority AFHQ Ltr.-400/105 DO. dated 22 Sept 44
The above items were shipped to the Italian Armed Forces
From 209 D.I.D.
To 61 Ital Forestry Coy
On 30 APR 45

MAJOR GENERAL
MILITARY MISSION ITALIAN ARMY
ALLIED REPRESENTATIVE

4883

ARTICLES LISTED IN COLUMN "ORDERED" HAVE BEEN RECEIVED UNLESS OTHERWISE NOTED IN COLUMN "SHIPPED"

CONSIGNOR'S VOL. No.
CONSIGNEE'S VOL. No.
NUMBER OF SHEETS

R. E.

RATIONS ISSUE NOTE
BUONO DI PRELEVAMENTO

MAIA FORM 87-8

Voucher No.
Unit Demanding
di Serie del
Reparto prelevante

Voucher No.
of Issuing Depot
N° di Serie del
Magazzino cedente

Unit
Reparto

Rations for consumption from
Razioni da consumarsi dal

to
al

No. days
N° giorni

Ration Strength
Forza da Vettovagliare

Single Scale
Tipo Unico

Travelling
da Viaggio

Hospital
Ospedale

Total Number Rations
Numero Totale Razioni

Single Scale
Tipo Unico

Travelling
da Viaggio

Hospital
Ospedale

Depot
Magazzino

ITEM GENERE	WSPoly	TR Tales	# by Calab
QUANTITY QUANTITATIVO	3/4 lb.	10 Nos.	20 Nos.
ITEM GENERE	MALAIAL	PARIS	GREEN
QUANTITY QUANTITATIVO	1 Gal.		3/4 lb.
ITEM GENERE	AIR SPRAY		
QUANTITY QUANTITATIVO	1 Gal.		116
ITEM GENERE			
QUANTITY QUANTITATIVO			

Signature of Officer
of Unit Demanding

Firma di un Ufficiale
del Reparto Prelevante

Counter Signature of Officer
of Unit Demanding

Controfirma di un Ufficiale
del Reparto Prelevante

Signature of Officer
Commanding Issuing Depot

Firma del Consegnatario
del Magazzino cedente

Signature of Person taking
delivery of rations

Firma di chi preleva
le razioni

Date
rations drawn

Data di prelevamento
delle razioni

This copy to be retained by issuing depot
Questa copia sarà ritenuta dal magazzino cedente

WAR DEPARTMENT
O. M. C. Form No. 44
Revised June 30, 1942

SHIPPING TICKET

SEP 11 1945

CONSIGNOR **BRITISH GOVERNMENT**

BR. MEX. No. 115

DATE SHIPPED OR DELIVERED **7 May. 1945**

SHIP TO:

ITALIAN GOVERNMENT

AUTHORITY OR REQ. No. **642**

TRANSPORTATION COST OF \$

CHARGEABLE TO

F/A No.

QUANTITY		ARTICLE	UNIT	UNIT COST	TOTAL COST
ORDERED	SHIPPED				
	1	Water Sterilizing Pwdr	lb		
	22	Anti Mosquito Cream	lb		
	22	Taste Remover Tablets	No		
	1	Isal	Pint		
	25	Flycatchers	No		
	1	A.L. 63 Mk 11	lb		
	1	Anti Mosquito Spray	Gal		
	1	Cresol	lb		
	12	Malariaol	Gal		
	1	Paris Green	lb		
	1/4	Methylated Spirits	Gal		

The above figures are compiled from Form ST 8 No 16

Per authority AFHQ Ltr. 400/105 DO, dated 22 Sept 44

The above items were shipped to the Italian Armed Forces
From. 209 D.I.D.

To . 93 COMPANY ITALIAN PIONEER

On . 7 May 45

**MAJOR GENERAL
MILITARY MISSION ITALIAN ARMY
ALLIED REPRESENTATIVE**

4881

ARTICLES LISTED IN COLUMN "ORDERED" HAVE BEEN RECEIVED UNLESS
OTHERWISE NOTED IN COLUMN "SHIPPED"

CONSIGNOR'S VOL. No.
CONSIGNEE'S VOL. No.
NUMBER OF SHEETS

ALLEGATO "A" AREA - 257/22

MIA FORM 85/3

NATIONS ISSUE RUCS
MONDO DI PRELEVAMENTO

Voucher no of Unit 12
Describing
Numero di serie del Reparto
Prelevante

Voucher no of
Issuing Depot 154
Numero di serie del Reparto
Prelevante

Unit
Reparto 93 COMPANY ITALIAN PIONEER

Nations for consumption from 14 May 45 to 14 May 45 at Mr. Daye Mr. Giorni 7 #
Razioni da consumarsi dal

Rations strength 24 Single scale travelling Hospital
Rosa de vettoraglieri tipo unico in viaggio Ospedale
Depot
Magazzino

CON D.F.D.

WATER STERILISING POWDER A/RESISTO CHAM TASTE LEANER
TABLETS

QUANTITY 1 Lbs 22 Tals
QUANTITATIVO

ITEM LEAD WEIGHTS SET DART AL 63

QUANTITY 1/2 pint 25 Nos 1 Lbs
QUANTITATIVO

ITEM A/RESISTO SPRAY CURELL MALARIAL 1 1/2 Gals
QUANTITY 1 Gals 1 1/2 Gals
QUANTITATIVO

QUANTITY PANTS GREEN EXAMINATED SPIRITS
QUANTITATIVO

ITEM 1 Lbs 1 1/2 Gals
QUANTITY 1 Lbs 1 1/2 Gals
QUANTITATIVO

Signature of Officer of Unit depending
Firma di un Ufficiale del Reparto prelevante

Counter signature of Officer of Unit depending
Controfirma di un Ufficiale del Reparto prelevante

Signature of Officer
Firma del consegnatario

WAR DEPARTMENT
G. M. C. Form No. 411
Revised June 30, 1942

SHIPPING TICKET

1945

CONSIGNOR:

BRITISH GOVERNMENT

BR. MED. No 114

DATE SHIPPED OR DELIVERED

30 April 1945

SHIP TO

ITALIAN GOVERNMENT

AUTHORITY OR REQ. No.

642

TRANSPORTATION COST OF \$

CHARGEABLE TO

P/A No.

QUANTITY		ARTICLE	UNIT	UNIT COST	TOTAL COST
ORDERED	SHIPPED				
	16	Anti Mosquito Cream	lb		
	7	Isal	Flon		
	30	Flycatchers	No		
	1 1/4	Anti Mosquito Spray	Gal		
	1/5	Blocks Fumigating	Blk		

The above figures are compiled from Form ST 8 No 187/45

Per authority AFHQ Ltr. 400/105 DO. dated 22 Sept 44

The above items were shipped to the Italian Armed Forces
From. 209 D.I.D.

To . 98 ITAL PWR COY

On . 30 Apr, 45

[Signature]
MAJOR GENERAL
MILITARY MISSION ITALIAN ARMY
ALLIED REPRESENTATIVE

4879

ARTICLES LISTED IN COLUMN "ORDERED" HAVE BEEN RECEIVED UNLESS OTHERWISE NOTED IN COLUMN "SHIPPED"

CONSIGNOR'S VOU. No.
CONSIGNEE'S VOU. No.
NUMBER OF SHEETS

Disinfectant

APPENDIX A TO REG NO 2 MIA

NATION'S FISHING BOAT

NUMBER OF CO

187/45

187/45

187/45

187/45

187/45

187/45

187/45

187/45

187/45

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187/45

187/45

LAZER

THE CITY OF NEW YORK, ss. I, the Clerk of the City, do hereby certify that the within and foregoing is a true and correct copy of the original as the same appears from the records of the City of New York.

WAR DEPARTMENT
D. M. C. Form No. 41
Revised June 30, 1942

Declassified E.O. 12958 Section 3-402/NNDK NO.

785020

SHIPPING TICKET

SEP 11 1945

CONSIGNOR: **BRITISH GOVERNMENT**

BR. MED. No. 113

DATE SHIPPED OR DELIVERED **30 April 1945**

SHIP TO

ITALIAN GOVERNMENT

AUTHORITY OR REQ. No. **642**

TRANSPORTATION COST OF \$

CHARGEABLE TO

P/A No.

QUANTITY		ARTICLE	UNIT	UNIT COST	TOTAL COST
ORDERED	SHIPPED				
		2 Water Sterilising Powder	lb		
		30 Anti Mosquito Cream	lb		
		2 Anti Mosquito Spray	Gal		
		60 Flycatchers	No		
		4 Malarisol	Gal		
		33 Taste Remover Tablets	No		
		2 Paris Green	lb		

The above figures are compiled from Form 37 8 No 208/6

Per authority AFHQ Ltr. 400/105 DO. dated 22 Sept 44
The above items were shipped to the Italian Armed Forces
From. 209 Ind D.I.D.
To. 253 Gruppo Salmerie Comando 273 Reparto
On. 30 Apr 45

[Signature]
MAJOR GENERAL
MILITARY MISSION ITALIAN ARMY
ALLIED REPRESENTATIVE

4877

ARTICLES LISTED IN COLUMN "ORDERED" HAVE BEEN RECEIVED UNLESS OTHERWISE NOTED IN COLUMN "SHIPPED"

CONSIGNOR'S VOL. No.
CONSIGNEE'S VOL. No.
NUMBER OF SHEETS

R. E. - BR. ITIS.
DISINFETTANTE
RATIONS ISSUE NOTE
BUONO DI PRELEVAMENTO

MMIA FORM 574

Voucher No.
of Unit Drawing
N° di Serie del
Reparto prelevante
Unit
Reparto

253° Gruppo Salmerie
Comando 273° Reparto

Voucher No.
of Issuing Depot
N° di Serie del
Magazzino cedente

20846

Rations for consumption from
Razioni da consumarsi da
Ration Strength
Forza da rifornimento
Total Number Rations
Numero Totale Razioni
Date
Mese/Anno

1/5
450
Ration Strength
Forza da rifornimento
Total Number Rations
Numero Totale Razioni

7/5
Travelling
da Viaggio
Travelling
da Viaggio

No. days
N giorni
7
Hammal
Crediale
Magasin
Crediale

ITEM GENERE	WSPd	AMC
QUANTITY QUANTITATIVO	2 lb	30 47 lbs
ITEM GENERE	AMC	Fly Catcher
QUANTITY QUANTITATIVO	2 1/2 lbs	60
ITEM GENERE	Malariol	T.R. Tablets
QUANTITY QUANTITATIVO	4 lbs	33
ITEM GENERE	Paino Green	113
QUANTITY QUANTITATIVO	2 lb	

IL COMANDANTE DEL REPARTO
(Magg. Giuseppe Minoli Pool)

Signature of Officer
at Unit Drawing
Counter Signature of Officer
at Unit Drawing
Signature of Officer
Demanding Issuing Depot
Signature of Person making
delivery of rations
Date
intense drawn

Giuseppe Minoli Pool
Adriano Betti
F. Z. ...
...
20/4/45

Signature of Officer
at Issuing Depot
Signature of Officer
at Issuing Depot
Signature of Officer
at Issuing Depot
Signature of Officer
at Issuing Depot
Date of delivery
of rations

This copy to be retained by unit drawing rations
Questa copia sarà ritenuta dal reparto prelevante

WAR DEPARTMENT
Q. M. C. Form No. 134
Revised June 30, 1942

SHIPPING TICKET

SEP 11 1945

CONSIGNOR: BRITISH GOVERNMENT

BR. MND. No 112

DATE SHIPPED OR DELIVERED: 7 MAY 1945

SHIP TO

ITALIAN GOVERNMENT

AUTHORITY OR REQ. No.

TRANSPORTATION COST OF \$

CHARGEABLE TO

P/A No.

QUANTITY		ARTICLE	UNIT	UNIT COST	TOTAL COST
ORDERED	SHIPPED				
		1 Water Sterilizing Pwdr	lb		
		22 Anti mosquito Cream	lb		
		15 Taste Remover Tablets	No		
		28 Flycatchers	No		
		1 A.L. 63. Mk 11	lb		
		1.1/4 Anti Mosquito Spray	Gal		
		1 Malarisol	Gal		
		1 Paris Green	lb		

The above figures are compiled from Form ST 8 No 195/6

Per authority AFHQ Ltr. 400/105 DO. dated 22 Sept 44
The above items were shipped to the Italian Armed Forces
From 209 D.I.D.
To 400 Reggimento Art Pionieri
On 7 May 45

MAJOR GENERAL
MILITARY MISSION ITALIAN ARMY
ALLIED REPRESENTATIVE

ARTICLES LISTED IN COLUMN "ORDERED" HAVE BEEN RECEIVED UNLESS OTHERWISE NOTED IN COLUMN "SHIPPED"

CONSIGNEE'S VOL. No.
CONSIGNEE'S VOL. No.
NUMBER OF SHEETS

487

APPENDIX 'A' TO AREA FO 267/44
MIA JUNE 30/8

RATIONS ISSUE NOTE
BUONO DI PRELEVAMENTO

Voucher No of Unit
Demanding
N. di Serie del
Rapporto Prelevante.....

Voucher No of
Issuing Depot:
N. di Serie del
Materiale ceduto.....

Unit
Rapporto.....
400° REGIMENTO ART PIONIERI
1° Battaglione 23° Compagnia

Rations for consumption from
Razioni di consumo del.....
to

Initial Strength
Razze da vettoriale.....
Single Scale
Tipo Unico.....

Total Number Rations
Numero Razioni.....
Single Scale
Tipo Unico.....

Depot
Razze.....
Initial
Initial

UNIT
WSP
AMCREAM T R TABS

QUANTITY
QUANTITATIVO
1 lb
22 lbs

ITEM
ITEM
FLYCATHERS AL63

QUANTITY
QUANTITATIVO
28

ITEM
ITEM
MALARIOL

QUANTITY
QUANTITATIVO
1 1/2 Gals

ITEM
ITEM
PARIS GREEN

QUANTITY
QUANTITATIVO
1 lb

ITEM
ITEM
PARIS GREEN

QUANTITY
QUANTITATIVO
1 lb

15 YES

1 lb

1 1/4 Gals

1 lb

1 lb

1 lb

1 lb

1 lb

1 lb

1 lb

1 lb

1 lb

1 lb

1 lb

1 lb

1 lb

Form 3a (Continued)..... Tipo Unico..... da tipo 10.....

Total Number Rations..... Single Se-10..... Treating..... Hospital
Numero Totale Razioni..... Tipo Unico..... da tipo 10..... Ospedale

Report
 Item.....
 Quantity.....
 Description.....

Item.....
 Quantity.....
 Description.....

Item.....
 Quantity.....
 Description.....

Item.....
 Quantity.....
 Description.....

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Item.....
 Quantity.....
 Description.....

Item.....
 Quantity.....
 Description.....

This copy to be retained by unit drawing rations;
 Questa copia essere ritenuta dal reparto prelevante.

WAR DEPARTMENT
D. M. C. Form No. 131
Revised June 30, 1942

SHIPPING TICKET

SEP 11 1945

CONSIGNEE

BRITISH GOVERNMENT

BR. MTD. 30111

DATE SHIPPED OR DELIVERED

30 APRIL 1945

SHIP TO

ITALIAN GOVERNMENT

AUTHORITY OR REQ. No.

TRANSPORTATION COST OF \$

CHARGEABLE TO

P/A No.

QUANTITY		ARTICLE	UNIT	UNIT COST	TOTAL COST
ORDERED	SHIPPED				
		3/4 Water Sterilizing Pwdr	lb		
		8 Anti Mosquito Cream	lb		
		10 Taste Remover Tablets	No		
		4 Isal	Fl Oz		
		20 Flycatchers	No		
		1/8 Prepared Rat Bait	Lb		
		1/6 Blocks Fumigating	Block		
		1 Anti Mosquito Spray	Gal		
		1 Malarisol	Gal		
		3/4 Paris Green	lb		

The above figures are compiled from Form SF 8 No 178/47

Per authority AFHQ Ltr. 400/105 DO. dated 22 Sept 44
The above items were shipped to the Italian Armed Forces
From 209 Ind D.I.D.
To 97 Ital Pwr Coy
On 30 Apr 45

[Signature]
MAJOR GENERAL
MILITARY MISSION ITALIAN ARMY
ALLIED REPRESENTATIVE

4873

ARTICLES LISTED IN COLUMN "ORDERED" HAVE BEEN RECEIVED UNLESS OTHERWISE NOTED IN COLUMN "SHIPPED"

CONSIGNEE'S VOL. No.
CONSIGNEE'S VOL. No.
NUMBER OF SHEETS

[Signature]
NAME: _____ REGISTRATION: _____

785020

Didymopanax

APPROVED: 19 APR 68 C 207/68
19 APR 68

QUALITY ASSURED IN EVERY
NON-FLAMMABLE POLYMER

III. GROUND

Teacher Ke of Unit
Learning
N. O. Corio del
Bosque plantando

1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 26

Mr. Olson and
John O'Hare to

.....

Voucher no. of
Immature Date
No. of sets
Magnifying glass

THE UNIVERSITY OF CHICAGO

Figure 1

Flowchart illustrating the selection process for the study.

The flowchart shows the following steps:

- Initial sample size: 1000
- Exclusion criteria:
 - Not meeting inclusion criteria: 100
 - Duplicate records: 50
- Final sample size: 850

A legend indicates that black squares represent included studies and white squares represent excluded studies.

Neurazine tablets 100

174/221

1538

Unit: GRAVITATION PARCO

UNIVERSITY OF CALIFORNIA, PMA, CO.

[illegible][illegible][illegible][illegible]

Hotel Number	Room Number	Room Type	Room Rate	Tax	Total	Room Number	Room Type	Room Rate	Tax	Total	
1001	101	Single	10.00	1.00	11.00	1002	102	Single	10.00	1.00	11.00
1003	103	Single	10.00	1.00	11.00	1004	104	Single	10.00	1.00	11.00
1005	105	Single	10.00	1.00	11.00	1006	106	Single	10.00	1.00	11.00
1007	107	Single	10.00	1.00	11.00	1008	108	Single	10.00	1.00	11.00
1009	109	Single	10.00	1.00	11.00	1010	110	Single	10.00	1.00	11.00
1011	111	Single	10.00	1.00	11.00	1012	112	Single	10.00	1.00	11.00
1013	113	Single	10.00	1.00	11.00	1014	114	Single	10.00	1.00	11.00
1015	115	Single	10.00	1.00	11.00	1016	116	Single	10.00	1.00	11.00
1017	117	Single	10.00	1.00	11.00	1018	118	Single	10.00	1.00	11.00
1019	119	Single	10.00	1.00	11.00	1020	120	Single	10.00	1.00	11.00
1021	121	Single	10.00	1.00	11.00	1022	122	Single	10.00	1.00	11.00
1023	123	Single	10.00	1.00	11.00	1024	124	Single	10.00	1.00	11.00
1025	125	Single	10.00	1.00	11.00	1026	126	Single	10.00	1.00	11.00
1027	127	Single	10.00	1.00	11.00	1028	128	Single	10.00	1.00	11.00
1029	129	Single	10.00	1.00	11.00	1030	130	Single	10.00	1.00	11.00
1031	131	Single	10.00	1.00	11.00	1032	132	Single	10.00	1.00	11.00
1033	133	Single	10.00	1.00	11.00	1034	134	Single	10.00	1.00	11.00
1035	135	Single	10.00	1.00	11.00	1036	136	Single	10.00	1.00	11.00
1037	137	Single	10.00	1.00	11.00	1038	138	Single	10.00	1.00	11.00
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1063	163	Single	10.00	1.00	11.00	1064	164	Single	10.00	1.00	11.00
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Depot
L. 209. Ind. P. 1. P.

Deposited 209. S. d. P. 1. P.

10001	WATER STERILIZING POWDER	3/4 lbs
10002	AVI MOSQUITO CREAM	8 lbs

1201	WATER FERTILIZING PAPER	3/4 Dos
1202	ANTI MOSQUITO CREAM	2 Dos

CLASSIFIED BY	DATE	REASON
UNCLASSIFIED	12-21	13-21
CLASSIFIED BY	DATE	REASON
UNCLASSIFIED	12-21	13-21

[illegible]

154	TRICATCHERS	20
155	PREPARED RAT BAIT	43 lbs

ITEM	PREPARE	RAT	DAIT	TO
DATE	PREPARE	RAT	DAIT	Yg Has

~~ASSAULT~~ BLOODS FIGHTING 1/2 block

~~ADDRESS~~ BUCKS EMIGRATING 1/2 Bucks

ANTH-71054110-SPRAT
GAC-8067

NAME	ANN - MARGARET	DATE	1954
ADDRESS	5000 1st	TIME	10:00
CITY	CHICAGO	STATE	ILL.
COUNTRY	U.S.A.	REMARKS	

[illegible]

STATION	FLA A RICH	1	Each
QUANTITY			
DATE			

PARIS GREEN	3/4 lbs
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3/4 ans

[Handwritten signature]

THE TOWER OF THE MOUNTAIN

ST. LOUIS, MO. 64111

1. *Pl. latifolia* L.

WATER STIRRING POWER
ALL THE SQUAT CREAM
BASIC REMOVER RADIS

24 July 2009

70 11/10

$\frac{1}{6}$ Molec

1 Lych
2/4ths

ALARICH
PARIS GARDEN

[illegible]

1000
this app. to be retained by unit breeding stations;
most could serve as fillquinta del Instituto Nacional.

111
B. J. J.

1992

SHIPPING TICKET

SEP 11 1945

CONSIGNOR: BRITISH GOVERNMENT

BR. MND. No. 110

DATE SHIPPED OR DELIVERED 25 JUNE 1945

SHIP TO:

ITALIAN GOVERNMENT

AUTHORITY OR REQ. No.

TRANSPORTATION COST OF

F/A No.

CHARGEABLE TO

QUANTITY SHIPPED	ARTICLE	UNIT	UNIT COST	TOTAL COST
1/2	Water Sterilizing Pwdr	lb		
7	Anti Mosquito Cream	lb		
12	Flycatchers	No		
2	Anti Mosquito Spray	Gal		
1	Malariaol	Gal		
1/2	Paris Green	lb		
7	Taste Remover Tablets	No		

The above figures are compiled from Form ST 8 No 198/42

Per authority AFM, Ltr. 400/105 DO. dated 22 Sept 44
 The above items were shipped to the Italian Armed Forces
 From : 209 (Inf) D.I.D.E.I.A.S.G.
 To : 96 Ital Pnr Coy
 On : 25 June 45

MAJOR GENERAL
 MILITARY MISSION ITALIAN ARMY
 ALLIED REPRESENTATIVE

4871

Articles in Column 1 ordered have been received unless otherwise noted in Column 2 above

LISPETTORE

CONSIGNOR'S VOL. No.

CONSIGNEE'S VOL. No.

NUMBER OF SHEETS

785020

1994-1995-02-28

**RELATIONS WITH THE
EUROPEAN UNION**

Includes No. 65 South.
 Descriptions
 of, at middle and
 bottom of page 100.

Teacher: Mr. C.
Loving: Dept.
H. at 1000
Loving: 198/42-

Unit. W. T. A. P. R. Co.

6-6-45 TO 7-7-45

[illegible][illegible]

209. IND. DIV. R. I. A. S. C.

1. Name _____
 2. Address _____
 3. City _____
 4. State _____
 5. Zip _____
 6. Phone _____
 7. Email _____
 8. Date _____
 9. Signature _____
 10. Stamp _____

1950年10月1日

909. IND. D. D. R. I. A. S. C.

[illegible]

[Faint handwritten notes, possibly "1000" or similar]

[illegible]

PO BOX 110
PA. 110

The Spruce

Director of Customs
 Controlling Income Dept.
 1000 11th Ave. S.W.
 Seattle, Wash. 98101
 1000 11th Ave. S.W.
 Seattle, Wash. 98101

Date in February
Received 25-6-45

This copy to be retailed by unit drawing nations.
Questa copia sarà ritirata dal reparto prolovanato.

WAR DEPARTMENT
O. M. C. Form No. 434
Revised June 30, 1942

SHIPPING TICKET

SEP 11 1945

CONSIGNOR: BRITISH GOVERNMENT

BR. MND. No. 109

DATE SHIPPED OR DELIVERED

1 MAY 1945

SHIP TO

ITALIAN GOVERNMENT

AUTHORITY OR REQ. No.

TRANSPORTATION COST OF \$

CHARGEABLE TO

P/A No.

QUANTITY		ARTICLE	UNIT	UNIT COST	TOTAL COST
ORDERED	SHIPPED				
		9000 Anti Mosquito Cream	lb		
		12000 Flycatchers	do		
		12 Rat Bait	lb		
		500A.L. 63 Mk 11	lb		
		50 Blocks Fumigating	do		
		500 Anti Mosquito Spray	gal		
		125 Methylated Spirit	gal		
		500 Paris Green	Lb		

The above figures are compiled from Form ST 8 No CAT/DI MAY

Per authority AFHQ Ltr. 400/105 DO. dated 22 Sept 44
The above items were shipped to the Italian Armed Forces
From. 114 D.I.D.
To . Ospedale Militare. Catania
On . 1 MAY 45

End to End
MAJOR GENERAL
MILITARY MISSION ITALIAN ARMY
ALLIED REPRESENTATIVE

4869

ARTICLES LISTED IN COLUMN "ORDERED" HAVE BEEN RECEIVED UNLESS
OTHERWISE NOTED IN COLUMN "SHIPPED"

CONSIGNOR'S VOL. No.
CONSIGNEE'S VOL. No.
NUMBER OF SHEETS

Major I Julian

Please return to
Q1 accounts
when seen

II Henry
Seen Should
KPN 45 4868
Shipping ticket

SUBJECT :- Rations MIA.

114/0AT/109

H.Q.,
Land Forces Commission,
AG. MIA C.M.P.

Received 15/5

Attached ST 2 in respect of rations issued to
XI Deposito Speciale Viveri is forwarded for your attention.

In the Field.
10 May 45.
BM/NT.

[Signature]
Capt.,
O.C., 114 D.I.D., R.A.F.C.,
CAMBIA.

4867

CHERRY/ASTORIA IS ONE OF
THE MOST BEAUTIFUL

8/25 THU 5:18

Voucher No.
of Unit Demanding
No. di Sorie del
Riparto proloventi.

Voucher No: CAT/D/ May
of Issuing Depot
No. di Series 201
Mangalore
Distribuito

7-60

2. **340 on 1150N to 1200N**

CATANIA

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0.750000

Options for consumption tax

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15/08/2011
Hospital Paranaíba in Goiás

Forma do Rectovaginal		7.00	7.00
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Researcher's Name: _____

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[illegible][illegible]

David M. H. (Hutch) D. M. H.

11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100. 101. 102. 103. 104. 105. 106. 107. 108. 109. 110. 111. 112. 113. 114. 115. 116. 117. 118. 119. 120. 121. 122. 123. 124. 125. 126. 127. 128. 129. 130. 131. 132. 133. 134. 135. 136. 137. 138. 139. 140. 141. 142. 143. 144. 145. 146. 147. 148. 149. 150. 151. 152. 153. 154. 155. 156. 157. 158. 159. 160. 161. 162. 163. 164. 165. 166. 167. 168. 169. 170. 171. 172. 173. 174. 175. 176. 177. 178. 179. 180. 181. 182. 183. 184. 185. 186. 187. 188. 189. 190. 191. 192. 193. 194. 195. 196. 197. 198. 199. 200. 201. 202. 203. 204. 205. 206. 207. 208. 209. 210. 211. 212. 213. 214. 215. 216. 217. 218. 219. 220. 221. 222. 223. 224. 225. 226. 227. 228. 229. 230. 231. 232. 233. 234. 235. 236. 237. 238. 239. 240. 241. 242. 243. 244. 245. 246. 247. 248. 249. 250. 251. 252. 253. 254. 255. 256. 257. 258. 259. 260. 261. 262. 263. 264. 265. 266. 267. 268. 269. 270. 271. 272. 273. 274. 275. 276. 277. 278. 279. 280. 281. 282. 283. 284. 285. 286. 287. 288. 289. 290. 291. 292. 293. 294. 295. 296. 297. 298. 299. 300. 301. 302. 303. 304. 305. 306. 307. 308. 309. 310. 311. 312. 313. 314. 315. 316. 317. 318. 319. 320. 321. 322. 323. 324. 325. 326. 327. 328. 329. 330. 331. 332. 333. 334. 335. 336. 337. 338. 339. 340. 341. 342. 343. 344. 345. 346. 347. 348. 349. 350. 351. 352. 353. 354. 355. 356. 357. 358. 359. 360. 361. 362. 363. 364. 365. 366. 367. 368. 369. 370. 371. 372. 373. 374. 375. 376. 377. 378. 379. 380. 381. 382. 383. 384. 385. 386. 387. 388. 389. 390. 391. 392. 393. 394. 395. 396. 397. 398. 399. 400. 401. 402. 403. 404. 405. 406. 407. 408. 409. 410. 411. 412. 413. 414. 415. 416. 417. 418. 419. 420. 421. 422. 423. 424. 425. 426. 427. 428. 429. 430. 431. 432. 433. 434. 435. 436. 437. 438. 439. 440. 441. 442. 443. 444. 445. 446. 447. 448. 449. 450. 451. 452. 453. 454. 455. 456. 457. 458. 459. 460. 461. 462. 463. 464. 465. 466. 467. 468. 469. 470. 471. 472. 473. 474. 475. 476. 477. 478. 479. 480. 481. 482. 483. 484. 485. 486. 487. 488. 489. 490. 491. 492. 493. 494. 495. 496. 497. 498. 499. 500. 501. 502. 503. 504. 505. 506. 507. 508. 509. 510. 511. 512. 513. 514. 515. 516. 517. 518. 519. 520. 521. 522. 523. 524. 525. 526. 527. 528. 529. 530. 531. 532. 533. 534. 535. 536. 537. 538. 539. 540. 541. 542. 543. 544. 545. 546. 547. 548. 549. 550. 551. 552. 553. 554. 555. 556. 557. 558. 559. 560. 561. 562. 563. 564. 565. 566. 567. 568. 569. 570. 571. 572. 573. 574. 575. 576. 577. 578. 579. 580. 581. 582. 583. 584. 585. 586. 587. 588. 589. 590. 591. 592. 593. 594. 595. 596. 597. 598. 599. 600. 601. 602. 603. 604. 605. 606. 607. 608. 609. 610. 611. 612. 613. 614. 615. 616. 617. 618. 619. 620. 621. 622. 623. 624. 625. 626. 627. 628. 629. 630. 631. 632. 633. 634. 635. 636. 637. 638. 639. 640. 641. 642. 643. 644. 645. 646. 647. 648. 649. 650. 651. 652. 653. 654. 655. 656. 657. 658. 659. 660. 661. 662. 663. 664. 665. 666. 667. 668. 669. 670. 671. 672. 673. 674. 675. 676. 677. 678. 679. 680. 681. 682. 683. 684. 685. 686. 687. 688. 689. 690. 691. 692. 693. 694. 695. 696. 697. 698. 699. 700. 701. 702. 703. 704. 705. 706. 707. 708. 709. 710. 711. 712. 713. 714. 715. 716. 717. 718. 719. 720. 721. 722. 723. 724. 725. 726. 727. 728. 729. 730. 731. 732. 733. 734. 735. 736. 737. 738. 739. 740. 741. 742. 743. 744. 745. 746. 747. 748. 749. 750. 751. 752. 753. 754. 755. 756. 757. 758. 759. 760. 761. 762. 763. 764. 765. 766. 767. 768. 769. 770. 771. 772. 773. 774. 775. 776. 777. 778. 779. 780. 781. 782. 783. 784. 785. 786. 787. 788. 789. 790. 791. 792. 793. 794. 795. 796. 797. 798. 799. 800. 801. 802. 803. 804. 805. 806. 807. 808. 809. 810. 811. 812. 813. 814. 815. 816. 817. 818. 819. 820. 821. 822. 823. 824. 825. 826. 827. 828. 829. 830. 831. 832. 833. 834. 835. 836. 837. 838. 839. 840. 841. 842. 843. 844. 845. 846. 847

Mr. de la Roche

Paris Bureau. (Head of Paris) - Villa Billa
Perpetuo cento

Signature of Offense

THE

[illegible]

公 司 代 理

ADW: - AFM-16410/ST6(A) dated 17 April 48

WAR DEPARTMENT
O. M. C. Form No. 431
Revised June 30, 1942

SHIPPING TICKET

SEP 11 1945

CONSIGNOR: BRITISH GOVERNMENT

BE. MED. No 105

DATE SHIPPED OR DELIVERED

3 MAY 1945

SHIP TO:

ITALIAN GOVERNMENT

AUTHORITY OR REQ. No.

TRANSPORTATION COST OF \$

CHARGEABLE TO

P/A No.

| QUANTITY | | ARTICLE | UNIT | UNIT COST | TOTAL COST |
|----------|---------|------------------------|------|-----------|------------|
| ORDERED | SHIPPED | | | | |
| | | 17 Anti Mosquito Spray | Can | | |
| | | 28 Malarial | Can | | |
| | | 19 Paris Green | lb | | |
| | | 1 Methylated Spirits | Can | | |

The above figures are compiled from Form ST 8 No 3/1

Per authority AFHQ Ltr. 400/105 DO. dated 22 Sept 44
The above items were shipped to the Italian Armed Forces
From. "B" D.I.D.
To . 224 Ital Par Coy
On . 3 MAY 45

MAJOR GENERAL
MILITARY MISSION ITALIAN ARMY
ALLIED REPRESENTATIVE

4865

ARTICLES LISTED IN COLUMN "ORDERED" HAVE BEEN RECEIVED UNLESS
OTHERWISE NOTED IN COLUMN "SHIPPED"

CONSIGNOR'S VOL. No.
CONSIGNEE'S VOL. No.
NUMBER OF SHEETS

R. E.

 RATIONS ISSUE NOTE
 BUONO DI PRELEVAMENTO

MADA FORM 51.8

 Voucher No.
 of Unit Demanding
 N° di Serie del
 Reparto prelevante

31

 Voucher No.
 of Issuing Depot
 N° di Serie del
 Magazzino cedente

2/1

 Unit
 Reparto

224 1st PNR Coy

 Rations for consumption from
 Razioni da consumarsi dal

4/5/45

 to
 al

5/5/45

No. days

N° giorni

2

 Ration Strength
 Forza da Vettovagliare

170

 Single Scale
 Tipo Unico

 Travelling
 da Viaggio

 Hospital
 Ospedale

 Total Number Rations
 Numero Totale Razioni

340

 Single Scale
 Tipo Unico

 Travelling
 da Viaggio

 Hospital
 Ospedale

 Depot
 Magazzino

B. D. D. (RASC)

| ITEM
GENERE | CACOSOL | LATKINE
PAPER | MEJACKINE | FLYSOL |
|--------------------------|---------------------|---------------------|---------------|-------------|
| QUANTITY
QUANTITATIVO | / | / | / | / |
| ITEM
GENERE | INSECT
REPELLANT | Anti Mosquito Spray | Malanob | Son's Green |
| QUANTITY
QUANTITATIVO | / | 17 gall | 28 gall | 19 lbs |
| ITEM
GENERE | Methyl Parathion | | | |
| QUANTITY
QUANTITATIVO | 1 | | | |
| ITEM
GENERE | | | Br Methyl 108 | |
| QUANTITY
QUANTITATIVO | | | | |

 Signature of Officer
 of Unit Demanding

[Signature]

 Firma di un Ufficiale
 del Reparto Prelevante

 Counter Signature of Officer
 of Unit Demanding

[Signature]

 Controfirma di un Ufficiale
 del Reparto Prelevante

 Signature of Officer
 Commanding Issuing Depot

[Signature]

 Firma del Consegnatario
 del Magazzino cedente

 Signature of Person taking
 delivery of rations

[Signature]

 Firma di chi preleva
 le razioni

 Date
 razioni drawn

3 - May 1945

 Data di prelevamento
 delle razioni

 This copy to be retained by issuing depot
 Questa copia sarà ritenuta dal magazzino cedente

WAR DEPARTMENT
Q. M. C. Form No. 31
Revised June 10, 1943

SHIPPING TICKET I

SEP 11 1945

CONSIGNOR: **BRITISH GOVERNMENT**

BR. MED. No. 107

DATE SHIPPED OR DELIVERED **1 April 1945**

SHIP TO:

ITALIAN GOVERNMENT

AUTHORITY OR REQ. No.

64

TRANSPORTATION COST OF \$

CHARGEABLE TO

F/A No.

| QUANTITY | | ARTICLE | UNIT | UNIT COST | TOTAL COST |
|----------|---------|---------------------|------|-----------|------------|
| ORDERED | SHIPPED | | | | |
| | 12 | Paris Green | lb | | |
| | 17 | Malariaol | gal | | |
| | 11 | Anti Mosquito Spray | gal | | |

The above figures are compiled from Form ST 8 No 3/1

Per authority AFHQ Ltr. 400/105 DO. dated 22 Sept 44
The above items were shipped to the Italian Armed Forces
From. 69 D.I.D.
To . 191 Reparto
On . 1 Apr 45

[Signature]
MAJOR GENERAL
MILITARY MISSION ITALIAN ARMY
ALLIED REPRESENTATIVE

4863

ARTICLES LISTED IN COLUMN "ORDERED" HAVE BEEN RECEIVED UNLESS OTHERWISE NOTED IN COLUMN "SHIPPED"

CONSIGNOR'S ADR. No.
CONSIGNEE'S ADR. No.
NUMBER OF SHEETS

R. E.

 RATIONS ISSUE NOTE
 BUONO DI PRELEVAMENTO

MMIA FORM ST 8

 Voucher No.
 of Unit Demanding
 N° di Serie del
 Reparto prelevante

 Voucher No.
 of Issuing Depot
 N° di Serie del
 Magazzino cedente 3/1

 Unit
 Reparto ITALIAN MILITARY

101 REPAR

536 SIGNAL PARK

 Rations for consumption from
 Razioni da consumarsi dal

1 April

to

al 30 April

No. days

N° giorni

30

Ration Strength

110

Single Scale

Tipo Unico

Travelling

da Viaggio

Hospital

Ospedale

Total Number Rations

Numero Totale Razioni

Single Scale

Tipo Unico

Travelling

da Viaggio

Hospital

Ospedale

Depot

Magazzino 69 D.I.D. - R.A.D.C.

| | | | | |
|--------------------------|---------------|------------|---------|------------|
| ITEM
GENERE | Disinfettante | Pari. Ines | Malanch | 9/Mar/1945 |
| QUANTITY
QUANTITATIVO | | 12 | 17 gall | 11 gall. |
| ITEM
GENERE | | | | |
| QUANTITY
QUANTITATIVO | | | | |
| ITEM
GENERE | | | | |
| QUANTITY
QUANTITATIVO | | | | |
| ITEM
GENERE | | | | |
| QUANTITY
QUANTITATIVO | | | | |

 Signature of Officer
 of Unit Demanding

 Counter Signature of Officer
 of Unit Demanding

 Signature of Officer
 Commanding Issuing Depot

 Signature of Person taking
 delivery of rations

 Date
 rations drawn

 Firma di un Ufficiale
 del Reparto Prelevante

 Controfirma di un Ufficiale
 del Reparto Prelevante

 Firma del Comandante
 del Magazzino cedente

 Firma di chi preleva
 le razioni

 Data di prelevamento
 delle razioni

 This copy to be retained by issuing depot
 Questa copia sarà ritenuta dal magazzino cedente

4862

WAR DEPARTMENT
O. M. C. Form No. 114
Revised June 15, 1943

SHIPPING TICKET

SEP 11 1945

CONSIGNOR: BRITISH GOVERNMENT

BR. MED. No. 106

DATE SHIPPED OR DELIVERED 3 May 1945

SHIP TO: ITALIAN GOVERNMENT

AUTHORITY OR REQ. No. 642

TRANSPORTATION COST OF \$ CHARGEABLE TO
P/A No.

| QUANTITY | | ARTICLE | UNIT | UNIT COST | TOTAL COST |
|----------|---------|---------------------|-------|-----------|------------|
| ORDERED | SHIPPED | | | | |
| | 12 | Anti Mosquito Spray | Gal | | |
| | 20 | Malariaol | Gal | | |
| | 13 1/2 | Paris Green | lb | | |
| | 5 | Methylated Spirits | Pints | | |

The above figures are compiled from Form ST 8 No 3/1

For authority AFHQ Ltr. 400/105 DO. dated 22 Sept 44
The above items were shipped to the Italian Armed Forces
From. B. D.I.D.
To . 46 Increment Ital 697 Op Artieri Laveratori
On . 3 May 45



MAJOR GENERAL
MILITARY MISSION ITALIAN ARMY
ALLIED REPRESENTATIVE

4861

ARTICLES LISTED IN COLUMN "ORDERED" HAVE BEEN RECEIVED UNLESS OTHERWISE NOTED IN COLUMN "SHIPPED"

CONSIGNOR'S VOL. No.
CONSIGNEE'S VOL. No.
NUMBER OF SHEETS

LISPE
4861

R. E. 847-271

RATIONS ISSUE NOTE
BUONO DI PRELEVAMENTO

AMIA FORM 57A

Voucher No.
of Unit Demanding
N° di Serie del
Rapporto prelevante
Unit
Rapporto46th INCREMENT ITAL
697 C^o ARTIERI LAVORATORIVoucher No.
of Issuing Depot
N° di Serie del
Magazzino cedente 3/1Rations for consumption from
Razioni da consumarsi da

to

No. days

N. giorni

Ration Strength

Forza da Vettovagliare

Single Scale

Tipo Unico

Travelling

da Viaggio

Hospital

Ospedale

Total Number Rations

Numero Totale Razioni

Single Scale

Tipo Unico

Travelling

da Viaggio

Hospital

Ospedale

Depot

Magazzino

B D.I.D. RASC

| | | | | |
|--------------------------|-------------------------|----------------------------|--------------------|------------|
| ITEM
GENERE | Medicinal
Malaregium | Medicinal
Sulfanilamide | Perinost
Liquor | Creolin |
| QUANTITY
QUANTITATIVO | | | | |
| ITEM
GENERE | Polvere
insolubile | Solfato di
Equis | Pasta Maffey | Malaregium |
| QUANTITY
QUANTITATIVO | | | 12 gals | 20 gals |
| ITEM
GENERE | Farm. Maffey | Maffey | Dr. Maffey | 106 |
| QUANTITY
QUANTITATIVO | 13 1/2 lbs | 5 | | |
| ITEM
GENERE | | | | |
| QUANTITY
QUANTITATIVO | | | | |

IL COMANDANTE

Signature of Officer
of Unit DemandingCounter Signature
of Unit DemandingSignature of Officer
Commanding Issuing DepotSignature of Person taking
delivery of rationsDate
rations drawnFirma di un Ufficiale
del Rapporto PrelevanteControfirma di un Ufficiale
del Rapporto prelevanteFirma del Comandante
del Magazzino cedenteFirma di chi preleva
le razioniData di prelevamento
delle razioniThis copy to be retained by issuing depot
Questa copia sarà ritenuta dal magazzino cedente

4860

WAR DEPARTMENT
D. M. C. Form No. 94
Revised June 30, 1942

SHIPPING TICKET

SEP 11 1945

CONSIGNOR BRITISH GOVERNMENT

BR. MED. No 105

DATE SHIPPED OR DELIVERED 11 APRIL 1945

SHIP TO

ITALIAN GOVERNMENT

AUTHORITY OR REQ. No

TRANSPORTATION COST OF \$

P/A No.

CHARGEABLE TO

| QUANTITY | | ARTICLE | UNIT | UNIT COST | TOTAL COST |
|----------|---------|---------------------|------|-----------|------------|
| ORDERED | SHIPPED | | | | |
| | 420 | Anti Mosquito Cream | lb | | |

The above figures are compiled from Form ST 8 No 11/7

Per authority AFHQ Ltr. 400/105 DO. dated 22 Sept 44

The above items were shipped to the Italian Armed Forces

From 87 D.I.D.

To Italian Military

On 11 Apr 45

[Signature]
MAJOR GENERAL
MILITARY MISSION ITALIAN ARMY
ALLIED REPRESENTATIVE

4859

ARTICLES LISTED IN COLUMN "ORDERED" HAVE BEEN RECEIVED UNLESS OTHERWISE NOTED IN COLUMN "SHIPPED"

CONSIGNOR'S VOL. No.

CONSIGNEE'S VOL. No.

NUMBER OF SHEETS

RATIONS ISSUE NOTE
BUONO DI PRELEVAMENTO

M M J A T U J D M S T O N

57

GRUPPO DI COMBATTIMENTO "CREMONA"
Ufficio Sanità

Voucher No.
of Issuing Depot
N° di Serie del
Magazzino cedente

4/7

Razioni da consumarsi dal 1° Maggio 1945

| | | | |
|----|---------------|------------|---|
| to | | No. days | |
| at | 4 Maggio 1945 | N.° giorni | 4 |

Forza da Vettovagliare 8500

Tipu Union

da Vingio.

Dependable

| | |
|-----------------------|------|
| Numero Totale Razioni | 8500 |
|-----------------------|------|

Tipo Unico

en Voyage.

Capsule

Magnifico 87 D. A. D.

Br. M. S. 05

Thy. Med. Titrations ADH

Lettera di un Ufficiale
del Reparto Proiezione

R C Fredland Capt. Reno
51 BL 4

Conferenza di un Ufficiale
del Reparto Psicocasta

Indem ich

Firma del Consegnatario
del Magazzino cedente

11. $\log_2 4$

Firma di chi prestava
le varioni

4858 Date di pubblicazione: 1978

This copy will be delivered to M. M. I. A.
Questa copia sarà consegnata alla M. M. I. A.

WAR DEPARTMENT
O. M. C. Form No. 414
Revised June 16, 1943

SHIPPING TICKET

SEP 11 1945

CONSIGNOR: BRITISH GOVERNMENT

BR. MED. No 104

DATE SHIPPED OR DELIVERED 30 April 1945

SHIP TO

ITALIAN GOVERNMENT

AUTHORITY OR REQ. No.

TRANSPORTATION COST OF \$

CHARGEABLE TO

P/A No.

| QUANTITY | | ARTICLE | UNIT | UNIT COST | TOTAL COST |
|----------|---------|---------|------|-----------|------------|
| ORDERED | SHIPPED | | | | |
| | 5 | Gresoli | Gal | | |

The above figures are compiled from Form ST 8 No 92

Per authority AFHQ Ltr. 400/105 DO. dated 22 Sept 44
The above items were shipped to the Italian Armed Forces
From. 11. D.I.D.
To . 107 Italian Par Coy
On . 30 Apr 45

[Signature]
MAJOR GENERAL
MILITARY MISSION ITALIAN ARMY
ALLIED REPRESENTATIVE

4857

ARTICLES LISTED IN COLUMN "ORDERED" HAVE BEEN RECEIVED UNLESS OTHERWISE NOTED IN COLUMN "SHIPPED"

CONSIGNOR'S VOL. No.
CONSIGNEE'S VOL. No.
NUMBER OF SHEETS

LISPELTON, R. C. MALE
NAME DATE

DISPENSARY & MISCELLANEOUS

R. E.
RATIONS ISSUE NOTE
BUONO DI PRELEVAMENTO

MMIA FORM 5T/8

Voucher No.
of Unit Demanding
No. di serie del
Reparto prelevante 107/9/2.Voucher No.
at Issuing Depot
No. di Serie del
Magazzino cedente 92.Unit
Reparto 107 ITALIAN PAR CoyRations for consumption from 15th MAY 45 to 30th MAY 45 No. days
Razioni da consumarsi dal al No. giorni 31Ration Strength 226 Single Scale — Travelling — Hospital
Forze da vettovagliare Tipo Unico da Viaggio Ospedale
Total Number Rations Single Scale — Travelling — Hospital
Numero Totale Razioni 7080 Tipo Unico da Viaggio OspedaleDepot
Magazzino No 11 D-1-D

| | | | | |
|--------------------------|-----------------------|------------------------|---------|---------|
| ITEM
GENERE | 12 AL | FLY CATCHERS | A.L. 63 | CRESOLI |
| QUANTITY
QUANTITATIVO | — | — | — | 5 galts |
| ITEM
GENERE | METHYLATED
SPIRITS | ANTI MOSQUITO
SPRAY | | |
| QUANTITY
QUANTITATIVO | — | — | | |
| ITEM
GENERE | | | | |
| QUANTITY
QUANTITATIVO | | | | |
| ITEM
GENERE | | | | |
| QUANTITY
QUANTITATIVO | | | | |

Signature of Officer
of Unit DemandingCounter Signature of Officer
of Unit DemandingSignature of Officer
Commanding Issuing DepotSignature of Person taking
delivery of rationsDate
rations drawnLHO 107 II PAR Coy
Firma di un Ufficiale
del Reparto prelevanteFirma di un Ufficiale
del Reparto prelevanteFirma del Consegnatario
del Magazzino cedenteFirma di chi preleva
le razioniData di prelevamento
delle razioniThis copy to be retained by unit drawing rations
Questa copia sarà ritenuta dal reparto prelevante

WAR DEPARTMENT
O. M. C. Form No. 411
Revised June 30, 1942

SHIPPING TICKET

SEP 11 1945

of
CONSIGNOR:

BRITISH GOVERNMENT

BR. MED. No. 103

30 April 1945

DATE SHIPPED OR DELIVERED

SHIP TO: ITALIAN GOVERNMENT

AUTHORITY OR REQ. No.

TRANSPORTATION COST OF \$

CHARGEABLE TO

P/A No.

| QUANTITY | | ARTICLE | UNIT | UNIT COST | TOTAL COST |
|----------|---------|-----------------------|------|-----------|------------|
| ORDERED | SHIPPED | | | | |
| | 4 | Anti Mosquito Spray | Gal | | |
| | 6 | Malariael | Gal | | |
| | 96 | Flycatchers | No | | |
| | 2 | Water Sterilising | lb | | |
| | 50 | Taste Remover Tablets | No | | |

The above figures are compiled from Form ST 8 No. 103

Per authority AFHQ Ltr. 400/105 DO. dated 22 Sept 44
The above items were shipped to the Italian Armed Forces
From. 11. D.I.D.
To , 3 Air Bn 4 Service Company
On . 30 Apr 35

BK 144
MAJOR GENERAL
MILITARY MISSION ITALIAN ARMY
ALLIED REPRESENTATIVE

4855

ARTICLES LISTED IN COLUMN "ORDERED" HAVE BEEN RECEIVED UNLESS
OTHERWISE NOTED IN COLUMN "SHIPPED"

CONSIGNEE'S VOU. No.
CONSIGNEE'S VOU. No.
NUMBER OF SHEETS

OK just chimellett
R. E.

W/D/DRA SE

MMA FORM 87E

Voucher No.
of Unit Demanding
N° di Serie del
Reparto prelevante

31

RATIONS ISSUE NOTE
BUONO DI PRELEVAMENTO

Voucher No.
of Issuing Depot
N° di Serie del
Magazzino cedente 103

Unit
Reparto

3 Air Pw & Service Company

Rations for consumption from
Razioni da consumarsi dal

1/5/45

to
al

31/5/45

No. days
N° giorni

31

Ration Strength

180

Forza da Vettovagliare

Single Scale

Tipo Unico

Travelling

da Viaggio

Hospital

Ospedale

Total Number Rations

Single Scale

Tipo Unico

Travelling

da Viaggio

Hospital

Ospedale

Numero Totale Razioni

Depot

Magazzino

W/D/DRA SE

| ITEM
GENERE | ANTI MOS. SPRAY | MALARIAL | FLY CATCHERS |
|--------------------------|-----------------|-----------|--------------|
| QUANTITY
QUANTITATIVO | 14 GALS. | 10 GALS. | 96 |
| ITEM
GENERE | W/S PDR. | TR. TRES. | |
| QUANTITY
QUANTITATIVO | 2 LRS | 50 | |
| ITEM
GENERE | | | Dr Med 103 |
| QUANTITY
QUANTITATIVO | | | 96 |
| ITEM
GENERE | | | Can |
| QUANTITY
QUANTITATIVO | | | |

Signature of Officer
of Unit Demanding

ROBERT M. FLEW
1st Lt. US/ITI

Firma di un Ufficiale
del Reparto Prelevante

Counter Signature of Officer
of Unit Demanding

ROBERT M. FLEW
1st Lt. US/ITI

Controfirma di un Ufficiale
del Reparto Prelevante

Signature of Officer
Commanding Issuing Depot

W/D/DRA SE
485

Firma del Comandante
del Magazzino cedente

Signature of Person taking
delivery of rations

W/D/DRA SE
30/4/45

Firma di chi preleva
le razioni

Date
razions drawn

Data di prelevamento
delle razioni

This copy to be retained by unit drawing rations
Questa copia sarà ritenuta dal reparto prelevante

WAR DEPARTMENT
Q. M. C. Form No. 431
Revised June 10, 1942

SHIPPING TICKET

SEP 11 1945

CONSIGNOR **BRITISH GOVERNMENT**

BR. REQ. No 102

DATE SHIPPED OR DELIVERED **30 APRIL 1945**

SHIP TO

ITALIAN GOVERNMENT

AUTHORITY OR REQ. No.

TRANSPORTATION COST OF \$.

CHARGEABLE TO

P/A No.

| QUANTITY | | ARTICLE | UNIT | UNIT COST | TOTAL COST |
|----------|---------|------------------------|------|-----------|------------|
| ORDERED | SHIPPED | | | | |
| | 3 | Water Sterilizing Pwdr | lb | | |
| | 78 | Anti Mosquito Cream | lb | | |
| | 2 | Imal | Pint | | |
| | 100 | Flycatchers | No | | |
| | 4 | A.L.63 Mk 1 | lb | | |
| | 4 | Anti Mosquito Spray | gal | | |
| | 6 | Malariael | gal | | |

The above figures are compiled from Form ST 8 No 105

Per authority AFHQ Ltr.-400/105 DO. dated 22 Sept44
The above items were shipped to the Italian Armed Forces
From 11 D.I.D.
To 166a Compagnia Del 401 Regg. P.I.
On 30 Apr 45

John P. ...
MAJOR GENERAL
MILITARY MISSION ITALIAN ARMY
ALLIED REPRESENTATIVE

485

ARTICLES LISTED IN COLUMN "ORDERED" HAVE BEEN RECEIVED UNLESS
OTHERWISE NOTED IN COLUMN "SHIPPED"

CONSIGNOR'S VOL. No.
CONSIGNEE'S VOL. No.
NUMBER OF SHEETS

R.E.

Rations Issue Note
Buene di prelevamento

Voucher N°
Unit Demanding
N° di serie del
Rapporto prelevante... 116/109

Voucher N°

Issuing Depot

N° di serie del

Magazzino cedente... 108

Unit
Rapporto... 117 CONSUMO DEL 401 117/109

Rations for consumptions from
Razioni da consumarsi del... 1-5-45... el... 31-5-45... N° giorni... 31

Rations strength
Forze da vettovagliare... 228 Single scale
Tipe unico... da viaggio... Ospedale

Total number rations
Numero totale razioni... 4068 Single scale
Tipe unico... da viaggio... Ospedale

Depot
Magazine... 11-1-17

ITEM
GENERE WATER STERILIZING POWDER 3 lbs

QUANTITY
QUANTITATIVO ANTI MOSQUITO CREAM 78 lbs

ITEM
GENERE IZAL 2 Pints

QUANTITY
QUANTITATIVO FLY CATCHERS 100

ITEM
GENERE A.L. 63. POWDER 4 ~~gals~~ lbs

QUANTITY
QUANTITATIVO ANTI MOSQUITO SPRAY 4 gals

ITEM
GENERE METHYLATED SPIRITS 1 ~~gallon~~

QUANTITY
QUANTITATIVO MALARION 6 gals

Signature of Officer
of unit demanding... Firma di un Ufficiale
Counter signature of Officer... del reparto prelevante
of unit demanding... Centrafirma di un Uff.
Signature of Officer... del reparto prelevante
Commanding Issuing Depot... Firma del consegnatario
Signature of person taking... del magazzino cedente
Firma di chi preleva

Total number rations 4068 Single scale Travelling Hospital
 Numero totale razioni.....Tipe unico.....da viaggio.....Cespedalo

Depot 11 11 11
 Magazine.....
 ITEM
 GENERE WATER STERILIZING POWDER 3 lbs
 QUANTITY
 QUANTITATIVO ANTI MOSQUITO CREAM 78 lbs
 ITEM 2 Cans
 GENERE 1 ZAK
 QUANTITY 100
 QUANTITATIVO FLY CATCHERS
 ITEM
 GENERE A-L-63 POWDER 4 ~~gals~~ lbs
 QUANTITY 4 gals
 QUANTITATIVO ANTI MOSQUITO SPRAY
 ITEM
 GENERE METHYLATED SPIRITS 1 ~~gallon~~
 QUANTITY 6 gals
 QUANTITATIVO MALARIA

Signature of Officer *Benjamin J. [Signature]* Firma di un Ufficiale
 of unit demanding.....del reparto prelevante
 Counter signature of officer *[Signature]* Confirma di un Uff.
 of unit demanding.....del reparto prelevante
 Signature of Officer *[Signature]* Firma del consegnatario
 Commanding Issuing Depot.....del magazzino cedente
 Signature of Person taking *[Signature]* Firma di chi preleva
 delivery of rations.....le razioni
 Date rations drawn.....Data di prelevamento
 drawn.....delle razioni
 This copy to be retained by unit drawing rations
 Questa copia sarà ritenuta dal reparto prelevante
 4832

WAR DEPARTMENT
O. M. C. Form No. 424
Revised June 30, 1942

SHIPPING TICKET

SEP 11 1945

CONSIGNOR: BRITISH GOVERNMENT

BR. MED. No 101

DATE SHIPPED OR DELIVERED: 30 APRIL 1945

SHIP TO:

ITALIAN GOVERNMENT

AUTHORITY OR REQ. No.

TRANSPORTATION COST OF \$

P/A No.

CHARGEABLE TO

| QUANTITY | | ARTICLE | UNIT | UNIT COST | TOTAL COST |
|----------|---------|------------------------|------|-----------|------------|
| ORDERED | SHIPPED | | | | |
| | 7 | Water Sterilizing Pwdr | lb | | |
| | 170 | Taste Remover Tablets | No | | |
| | 330 | Flycatchers | No | | |
| | 12 | A.L.63 Mk +1 | lb | | |
| | 12 | Anti Mosquito Spray | Gal | | |
| | 249 | Anti Mosquito Cream | lb | | |
| | 6 1/2 | Cresol | Gal | | |
| | 20 | Malarisol | Gal | | |

The above figures are compiled from form ST 8 No 89

Per authority AFHQ Ltr. 400/105 DO. dated 22 Sept 44
The above items were shipped to the Italian Armed Forces
From 11D.I.D.
To Italian Military
On 30 Apr 45

W. H. H. H.
MAJOR GENERAL
MILITARY MISSION ITALIAN ARMY
ALLIED REPRESENTATIVE

4851

ARTICLES LISTED IN COLUMN "ORDERED" HAVE BEEN RECEIVED UNLESS
OTHERWISE NOTED IN COLUMN "SHIPPED"

CONSIGNOR'S VOL. No.
CONSIGNEE'S VOL. No.
NUMBER OF SHEETS

R. E.

MMIA FORM ST-8

Voucher No.
of Unit Demanding
N° di Serie del
Reparto prelevante

8317

RATIONS ISSUE NOTE
BUONO DI PRELEVAMENTO

Voucher No.
of Issuing Depot
N° di Serie del
Magazzino cedente

83

Unit
Reparto

Italian Muleta Camp Depot

Rations for consumption from
Razioni da consumarsi da

1st MAY '45 to 31 MAY

No. days
N° giorni 31

Ration Strength
Forza da vettovagliare

680

Single Scale
Tipo Unico

Travelling
da viaggio

Hospital
Ospedale

Total Number Rations
Numero Totale Razioni

Single Scale
Tipo Unico

Travelling
da viaggio

Hospital
Ospedale

Depot
Magazzino

11 D. I. D.

Misc & Dis.

| | | | | |
|--------------------------|-----------|--------------|-----------------|----------|
| ITEM
GENERE | W/S DR. | IR TABS. | FLY
CATCHERS | AL 63 |
| QUANTITY
QUANTITATIVO | 7 LBS. | 170 | 330 | 12 LBS. |
| ITEM
GENERE | A/M SIRM. | A/M
CREAM | CRESOLO | MALARION |
| QUANTITY
QUANTITATIVO | 12 GALL. | 249 | 6 1/2 GALL. | 20 GALL. |
| ITEM
GENERE | | | | |
| QUANTITY
QUANTITATIVO | | | | |
| ITEM
GENERE | | | | |
| QUANTITY
QUANTITATIVO | | | | 4850 |

Signature of Officer
of Unit Demanding

Counter Signature of Officer
of Unit Demanding

Signature of Officer
Commanding Issuing Depot

Signature of Person taking
delivery of rations

Date

Rations drawn

Griff
R.H.H.
Albergo
R.A. 101

30/4/45

Firma di un Ufficiale
del Reparto prelevante

Controfirma di un Ufficiale
del Reparto prelevante

Firma del Comandante
del Magazzino cedente

Firma di chi preleva
le razioni

Data di prelievo
delle razioni

This copy to be retained by unit drawing rations
Questa copia sarà ritenuta dal reparto prelevante

1 4 6 2