

Always Write out Number of Days Worked, Credits, Camp Accounts and Wages per Month. Don't Put Them in Figures.

COMPANY TIME CHECK

No _____
Camp No _____ 19__

_____ has worked for the COMPANY as _____
_____ months, _____ days at _____ per month, \$ _____

Camp Account, (Goods and Cash) - - - - - \$ _____

Balance _____ Dollars \$ _____

Payable _____ SUBJECT TO CORRECTIONS AND OFFSET

At _____

FOREMAN

NOT TRANSFERABLE
Unless Countersigned by Foreman
Countersigned

Endorse This Same as You Would a Check. Not Payable Unless Properly Endorsed.

Lumberjack Math

Time Check

No. _____
ST. ANTHONY'S HOSPITAL
Bemidji, Minn.
ST. MARY'S HOSPITAL
Duluth, Minn.

St. Benedict's Hospital
Grand Rapids, Minnesota
SISTERS OF ST. BENEDICT

WARD CERTIFICATE \$ 5.00
ST. JOSEPH'S HOSPITAL
Brainerd, Minn.
ST. VINCENT'S HOSPITAL
Crookston, Minn.

Grand Rapids, Minn., Dec. 15 1900

This Ticket Entitles Mr. _____
upon payment of \$ 5.00 to admission, medical and surgical treatment, medicine, subsistence and nursing at any
of the above named hospitals at any time during _____ from date hereof, in consequence of injury or sickness
hereafter received or contracted, disabling him from manual labor, subject to the conditions indorsed and signed by him.

This certificate holder agrees to comply with the rules and regulations of the hospital in which he may enter.

Intoxication and drunkenness will not be tolerated in or around the hospital, and certificate holders breaking this
rule will be expelled and certificate cancelled.

Expires 1 June 1901

Not Transferable

By Sister Amata

Lumberjack Math

Hospital Ticket