

Scots Mission Hospital, Tiberias.

TREATMENT - NX 3595 SPR F.W. MOTBEY - 2/1 AUST FD COY RAE.

1. Ref your letter of 29 oct 41, forwarded herewith is Form TS4 in respect of hospital expenses incurred in the above case.

2. Please have this form signed as claiment and return to this HQ when payment will be made direct to you by the Chief Paymaster, AIF.

Lt-Col. A.A.G.