

MILITARY PAY AND ALLOWANCE CLAIMS VOUCHER					D. O. VOUCHER NUMBER	
NAME OF SERVICE MEMBER		SERVICE NUMBER		PAID BY		
VOUCHER PREPARED AT <i>(Paying Office)</i>		NAME AND ADDRESS OF PAYEE				
<i>THIS VOUCHER IS IN SETTLEMENT OF THE CLAIM DESCRIBED BELOW INCIDENT TO THE SERVICE OF THE ABOVE NAMED MEMBER OR FORMER MEMBER</i>						
EXPLANATION AND DESCRIPTION OF CLAIM					AMOUNT	
					DOLLARS	CENTS
					TOTAL	
COLLECTIONS (FUND OR APPROPRIATION TO BE CREDITED)						
PURSUANT TO AUTHORITY VESTED IN ME, I CERTIFY THAT THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT		FICA WAGES		FICA TAX		
		SIGNATURE OF CERTIFYING OFFICER		TTPE		FTW
TITLE		DATE		<i>TOTAL COLLECTIONS</i>		
				NET AMOUNT DUE PAYEE		
ACCOUNTING CLASSIFICATION (APPROPRIATION SYMBOL MUST BE SHOWN; OTHER CLASSIFICATION OPTIONAL)						
PAID BY	CHECK NO.	DATED	AMOUNT	CASH \$	SIGNATURE OF PAYEE	