

OFFICER UNIFORM ALLOWANCE CLAIM/CERTIFICATION (7220)

NAVMC 11059 (REV. 6-84) (EF) (Previous editions are obsolete and will not be used)

SN: 0109-LF-065-0600

DATE _____

NAME OF CLAIMANT (Last, First, Middle Initial) _____

GRADE _____

SSN _____

ADDRESS _____

ORGANIZATION _____

ALLOWANCE CLAIMED

 INITIAL ADDITIONAL MAINTENANCE

PRESENT TYPE OF TOUR THAT REQUIRES WEARING OF THE UNIFORM

 ACTIVE DUTY ACTIVE DUTY FOR TRAINING INACTIVE DUTY**PART 1 - TO BE COMPLETED AND CERTIFIED BY CLAIMANT** (Check appropriate statement(s) for allowance claimed)**PART 1A - INITIAL UNIFORM ALLOWANCE (REFERENCE: DODPM, PART 3, CHAPTER 6)** I CERTIFY THAT I **HAVE NOT** PREVIOUSLY RECEIVED PAYMENT OF AN INITIAL UNIFORM ALLOWANCE. I CERTIFY THAT I AM ENTITLED TO AN INITIAL UNIFORM ALLOWANCE DUE TO MY TRANSFER AS A RESERVE OFFICER FROM THE _____ TO THE MARINE CORPS RESERVE.

SIGNATURE OF CLAIMANT _____

DATE _____

PART 1B - ADDITIONAL ACTIVE DUTY UNIFORM ALLOWANCE (REFERENCE: DODPM, PART 3, CHAPTER 6)

I CERTIFY THAT:

1. I HAVE NOT PREVIOUSLY CLAIMED ADDITIONAL UNIFORM ALLOWANCE FOR MY CURRENT TOUR WHICH BEGAN ON _____
2. I HAVE NOT RECEIVED AN INITIAL UNIFORM ALLOWANCE OF MORE THAN \$200 DURING MY CURRENT TOUR OF ACTIVE DUTY, ACTIVE DUTY FOR TRAINING, OR WITHIN 2 YEARS BEFORE ENTERING THIS TOUR.
3. MY LAST PERIOD OF ACTIVE DUTY OR ACTIVE DUTY FOR TRAINING (OF MORE THAN 90 DAYS) AS A RESERVE OFFICER TERMINATED MORE THAN 2 YEARS PRIOR TO THE BEGINNING OF MY CURRENT TOUR OF ACTIVE DUTY.

SIGNATURE OF CLAIMANT _____

DATE _____

PART 1C - UNIFORM MAINTENANCE ALLOWANCE (REFERENCE: DODPM, PART 8, CHAPTER 3)

I CERTIFY THAT:

1. I HAVE NOT RECEIVED A UNIFORM ALLOWANCE DURING THE PRECEDING 4 YEARS.
2. I HAVE COMPLETED 4 YEARS OF SATISFACTORY FEDERAL SERVICE (SFS), INCLUDING 28 DAYS OF ACTIVE DUTY OR ACTIVE DUTY FOR TRAINING, AS A RESERVE OFFICER ON _____ (REFER TO DODPM, PARAGRAPH 80332.B, FOR COMPUTATION OF

SIGNATURE OF CLAIMANT _____

DATE _____

PART II - TO BE COMPLETED BY COMMANDING OFFICER

SOURCE FROM WHICH CLAIMANT WAS APPOINTED (From Qualification Record) _____

I HEREBY CERTIFY that this claim is made in accordance with law and regulations, that the individual named above as claimant is assigned to this unit, that wearing of the uniform was required, and that entitlement as indicated exists.

REPORTED ON UNIT DIARY # _____

DATED _____

RU _____

TYPED NAME OF COMMANDING OFFICER _____

SIGNATURE OF COMMANDING OFFICER _____

DATE _____