IDENTIFICATION NUMBER			REQUEST FOR INFORMATION								
SOCIAL SECURITY, ACCOUNT, BOAC, GBL, GTR,			77 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7								
PURCHASÉ ORDER, ÉTC.		AGENCY CODE (2)	INOLIRY	REPLY	FOR OFI		SE ONLY  DATE COMPLETED	) (6) CLERK CD. (2)	ACCT. STATION/ PERSONNEL OFFICE IDENTIFIER (4)		
				INQUIRY CODE (3)	REPLY CODE (2)		(0)				
	ENTIFICATION DEC	UESTED	NAME (Employee,	, Vendor, Tra	veler, Cashier, Claim	ant, Casual)	!			SCHEDULE/PP NO.	7
PL	ENTIFICATION REQ LEASE FURNISH CO	PY.									
INSTRUCTIONS  Check type inquiry and information requested. If information requested is not described below, check type inquiry and briefly describe information requested in the "Other" block. Always attach a copy of the source document pertaining to the inquiry for identification and follow-up.											
	YPE INQUIRY		y of the source ATION REQU		it pertaining to ti	ne inquiry t	or identific	ation and follow	-up.		$\dashv$
Sa	alary/	W-2 FOR TAX	K YEAR	PAYR	OLL LISTING FOR	YEAR(S)	CASUAL TII	ME	UNIFORM	OTHER (Explain Below)	٦
AI	llowance	NON-RECEIP	T (Check one)	BONE	)						4
cı	heck/Bond	1017	T (GNOON GNO)	50112							
Tr	avel	RECONCILE,	AGENCY BALANC	E IS: PAYM	IENT STATUS OF				DATE OF ADVANCE OF	PERIOD OF TRAVEL	٦
L V	oucher/Advance	STATUS			TRAVEL VOUCHER	R/ADVANCE	NON	I-RECEIPT			_
	EDSTRIP otor Pool	OTATOO									
	STATUS GBL/GTR/CBL									٦	
	BL/GTR/CBL	CTATUS OF I	ORM NUMBER				Тепријен /	SUB)VOUCHERS FO	D ALIDIT DEDIOD		
Im	Imprest Fund		-ORIVI NUIVIDER		NON-RECEIPT OF PAYMENT		FURNISH (S	SUB)VUUUREKS FC	DR AUDIT PERIOD		
Te	Telephone/ Utilities MASTE				1						7
Ut	tilities	ERRO	R FILE		NON-RECEIPT OF PAYMENT						
	urchase Order \D-838)	STATUS									
	ver-the-Counter urchase (AD-744)	STATUS									
М	isc. Pay	STATUS									
	asoline redit Card	REQUEST FOR MASTER FILE NON-RECEIPT OF CREDIT CARD									
Bi Co	illings/ ollections	STATU	IS	BILL	NUMBER		APPLICANT	T/DEBTOR NUMBER		DOCUMENT NUMBER	_
	AS/Agency eporting	TYPE REPOR	RT		l		REPORT DA	ATE		l l	_
	OTHER (If more space is required, add additional sheet(s).)										┪
NFC REP	LY										_
								AUTHORIZE	D SIGNATURE		_
	MAIL REPL	Y TO:									
AGENCY								TITLE			
NAME	••							PHONE (Area	a Code and Number)		_
AND ADDRE	► ESS							D. 1.T.			
	 I						1	DATE			
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