

REQUEST FOR INFORMATION

| | | | | | | |
|--|---|-----------------------------|-------------------|-----------------|----------------|---|
| IDENTIFICATION NUMBER | | | | | | ACCT. STATION/ PERSONNEL OFFICE IDENTIFIER (4) |
| SOCIAL SECURITY, ACCOUNT, BOAC, GBL, GTR, PURCHASE ORDER, ETC. | AGENCY CODE (2) | FOR OFM/NFC USE ONLY | | | | |
| | | INQUIRY CODE (3) | REPLY CODE (2) | DATE REC'D. (6) | DATE COMP. (6) | CLERK CD. (2) |
| <input type="checkbox"/> IDENTIFICATION REQUESTED. PLEASE FURNISH COPY. | NAME <i>(Employee, Vendor, Traveler, Cashier, Claimant, Casual)</i> | | | | | SCHEDULE/PP NO. |

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.

| TYPE INQUIRY | INFORMATION REQUESTED | | | | |
|---|--|---|--|---|--|
| Salary/ Allowance | W-2 FOR TAX YEAR <input type="checkbox"/> | PAYROLL LISTING FOR YEAR(S) <input type="checkbox"/> | CASUAL TIME <input type="checkbox"/> | UNIFORM <input type="checkbox"/> | OTHER <i>(Explain Below)</i> <input type="checkbox"/> |
| Check/Bond | NON-RECEIPT <i>(Check one)</i> <input type="checkbox"/> | BOND <input type="checkbox"/> | | | |
| Travel Voucher/Advance | RECONCILE, AGENCY BALANCE IS: <input type="checkbox"/> | PAYMENT STATUS OF TRAVEL VOUCHER/ADVANCE <input type="checkbox"/> | NON- RECEIPT <input type="checkbox"/> | DATE OF ADVANCE OR PERIOD OF TRAVEL | |
| FEDSTRIP Motor Pool | STATUS | | | | |
| GBL/GTR/CBL | STATUS | | | | |
| Imprest Fund | STATUS OF FORM NUMBER <input type="checkbox"/> | NON-RECEIPT OF PAYMENT <input type="checkbox"/> | FURNISH (SUB)VOUCHERS FOR AUDIT PERIOD <input type="checkbox"/> | | |
| Telephone/ Utilities | MASTER FILE ERROR <input type="checkbox"/> | NON-RECEIPT OF PAYMENT <input type="checkbox"/> | | | |
| Purchase Order (AD-838) | STATUS | | | | |
| Over-the-Counter Purchase (AD-744) | STATUS | | | | |
| Misc. Pay | STATUS | | | | |
| Gasoline Credit Card | REQUEST FOR MASTER FILE <input type="checkbox"/> | NON-RECEIPT OF CREDIT CARD <input type="checkbox"/> | | | |
| Billings/ Collections | STATUS <input type="checkbox"/> | BILL NUMBER <input type="checkbox"/> | APPLICANT/DEBTOR NUMBER <input type="checkbox"/> | DOCUMENT NUMBER <input type="checkbox"/> | |
| CAS/Agency Reporting | TYPE REPORT | | REPORT DATE | | |

OTHER *(If more space is required, add additional sheet(s).)*

NFC REPLY

MAIL REPLY TO:

AGENCY
NAME
AND
ADDRESS



AUTHORIZED SIGNATURE

TITLE

PHONE *(Area Code and number)*

DATE