
Name (last, First, MI)

Date

ACKNOWLEDGEMENT OF RECEIPT

I acknowledge that I have been briefed by the Official Representation Funds Manager of WHS/FMD on my responsibilities as a paying agent. I understand that I will be further instructed through the DFAS Accounting Office Pentagon location on their procedures, responsibilities and duties. I further acknowledge that I am strictly liable to the United States for all public funds under my control, and understand that no other individual will be entrusted with the funds or be allowed access to the funds held by me.

Signature _____

Printed Name _____

Rank or Grade _____

SSN _____

Work Phone _____

Work Address _____

E-MAIL Address _____