

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
				TTPE		FTW
SIGNATURE OF CERTIFYING OFFICER				TOTAL COLLECTIONS		
				NET AMOUNT DUE PAYEE		
TITLE		DATE				
ACCOUNTING CLASSIFICATION (APPROPRIATION SYMBOL MUST BE SHOWN; OTHER CLASSIFICATION OPTIONAL)						
PAID BY	CHECK NO.	DATED	AMOUNT	CASH \$	SIGNATURE OF PAYEE	