

# REQUEST FOR INFORMATION

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

### 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.

▼ <b>TYPE INQUIRY</b>	<b>INFORMATION REQUESTED</b>					
<b>Salary/ Allowance</b>	<input type="checkbox"/> 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>	
<b>Check/Bond</b>	<input type="checkbox"/> NON-RECEIPT <i>(Check one)</i>	<input type="checkbox"/> BOND				
<b>Travel Voucher/Advance</b>	<input type="checkbox"/> 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		
<b>FEDSTRIP Motor Pool</b>	<input type="checkbox"/> STATUS					
<b>GBL/GTR/CBL</b>	<input type="checkbox"/> STATUS					
<b>Imprest Fund</b>	<input type="checkbox"/> STATUS OF FORM NUMBER	<input type="checkbox"/> NON-RECEIPT OF PAYMENT	<input type="checkbox"/> FURNISH (SUB)VOUCHERS FOR AUDIT PERIOD			
<b>Telephone/ Utilities</b>	<input type="checkbox"/> MASTER FILE ERROR	<input type="checkbox"/> NON-RECEIPT OF PAYMENT				
<b>Purchase Order (AD-838)</b>	<input type="checkbox"/> STATUS					
<b>Over-the-Counter Purchase (AD-744)</b>	<input type="checkbox"/> STATUS					
<b>Misc. Pay</b>	<input type="checkbox"/> STATUS					
<b>Gasoline Credit Card</b>	<input type="checkbox"/> REQUEST FOR MASTER FILE	<input type="checkbox"/> NON-RECEIPT OF CREDIT CARD				
<b>Billings/ Collections</b>	<input type="checkbox"/> STATUS	<input type="checkbox"/> BILL NUMBER	<input type="checkbox"/> APPLICANT/DEBTOR NUMBER		<input type="checkbox"/> DOCUMENT NUMBER	
<b>CAS/Agency Reporting</b>	<input type="checkbox"/> TYPE REPORT			<input type="checkbox"/> REPORT DATE		
<input type="checkbox"/> OTHER <i>(If more space is required, add additional sheet(s).)</i>						

**NFC REPLY**

<p>MAIL REPLY TO:</p> <div style="border: 1px solid black; width: 100%; height: 100px; margin-top: 10px;"></div> <p>AGENCY NAME AND ADDRESS</p>	<p><b>AUTHORIZED SIGNATURE</b></p> <hr/> <p><b>TITLE</b></p> <hr/> <p><b>PHONE (Area Code and number)</b></p> <hr/> <p><b>DATE</b></p>
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