

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