

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