

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