

PERSONNEL CLAIM PAYMENT REPORT

For use of this form see DA PAM 27-162; the proponent agency is OTJAG.

Instructions to Claims Personnel: The Fund Cite should reflect the current FY in the third digit. A payment code must be the last transaction on the claim when this report is produced. A copy of DD Form 1842 should be submitted to DFAS with this report.

PAYMENT CODES:

PE - Emergency Payment

PF - Final Payment

AFTER RECON:

PP - Partial Supplemental

PS - Final Supplemental

1. TO

2. FROM

3. COMMAND

4. OFFICE CODE

5. FUND CITE

6. CLAIM NUMBER

7. DATE CLAIM FILED (YYYYMMDD)

8. AMOUNT CLAIMED

PAYMENT OF CLAIM IS APPROVED FOR AMOUNT AND PAYEE LISTED BELOW

9. PAYEE

10. SOCIAL SECURITY NUMBER

11. ADDRESS

12. PAYMENT AMOUNT

13. DATE PAYMENT RECORDED IN
CLAIM RECORD (YYYYMMDD)

14. PAYMENT CODE

CERTIFICATION

PURSUANT TO AUTHORITY VESTED IN ME, I CERTIFY THAT THIS PAYMENT RECORD IS CORRECT AND PROPER FOR PAYMENT.

15. SIGNATURE OF AUTHORIZED CERTIFYING OFFICER

16. TITLE

17. DATE (YYYYMMDD)