

**REQUEST FOR FISCAL INFORMATION CONCERNING TRANSPORTATION
REQUESTS, BILLS OF LADING, AND MEAL TICKETS**

DATE

SECTION A - DOCUMENT DESCRIPTION

1. DO VOUCHER NUMBER	2. DO OR ACCOUNTING DATE	3. TRANSPORTATION REQUEST NUMBER <i>(Include prefix)</i>
4. BILL OF LADING NUMBER <i>(Include prefix)</i>	5. MEAL TICKET NUMBER <i>(Include prefix)</i>	6. AMOUNT
7. TO <ul style="list-style-type: none"> • Defense Finance and Accounting Service • Indianapolis Center • ATTN: DFAS-IN-FTGC • 8899 East 56th Street • Indianapolis, IN 46249-0601 		8. ACCOUNTING CLASSIFICATION <i>(Include Station Number)</i>

9. FISCAL OFFICER

a. TYPED NAME	b. GRADE	c. SIGNATURE
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SECTION B - INFORMATION REQUESTED ON DOCUMENT DESCRIBED ABOVE *(X appropriate box(es) below)*

10. <input type="checkbox"/> COMPLETE NAME AND ADDRESS OF ISSUING OFFICE AND/OR OFFICER <i>(Include ZIP Code)</i>	11. <input type="checkbox"/> ACCOUNTING CLASSIFICATION <i>(Include Station Number)</i>
12. <ul style="list-style-type: none"> • • 	13. <input type="checkbox"/> TRAVELER OR ITEMS SHIPPED

14. <input type="checkbox"/> AUTHORITY FOR SHIPMENT OR TRAVEL <i>(Special Order No., Contract No., etc.)</i>	15. <input type="checkbox"/> OTHER	16. FILM NUMBER
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17. ACCOUNTING OFFICER, USAFAC

a. TYPED NAME	b. SIGNATURE	c. DATE FORWARDED
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18. TRANSPORTATION OFFICER

a. TYPED NAME	b. SIGNATURE	c. DATE FORWARDED
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19.

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