

<b>MILITARY PAY AND ALLOWANCE CLAIMS VOUCHER</b>					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	
<b>COLLECTIONS (FUND OR APPROPRIATION TO BE CREDITED)</b>						
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>		
				<b>NET AMOUNT DUE PAYEE</b>		
<b>ACCOUNTING CLASSIFICATION (APPROPRIATION SYMBOL MUST BE SHOWN; OTHER CLASSIFICATION OPTIONAL)</b>						
PAID BY	CHECK NO.	DATED	AMOUNT	CASH \$	SIGNATURE OF PAYEE	