

<p><b>APPLICATION FOR ARREARS IN PAY</b> <i>(FOR SERVICE IN THE ARMED FORCES OF THE UNITED STATES)</i></p>	<p><b>INSTRUCTIONS</b></p> <p><b>SUBMIT IN TRIPPLICATE. TYPE OR PRINT.</b> Form for use of service members, former service members, or legal representatives of incompetent members, in claiming arrears of pay, etc., believed to be due. Claimant fills out Items 1-7. Disbursing/Finance Officer fills out Item 8.</p>
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<b>PRIVACY ACT STATEMENT</b>	
<b>AUTHORITY:</b>	GAO Manual, Title 2, Section 5, (Revised 1978); and 5 U.S. Code 301.
<b>PRINCIPAL PURPOSE:</b>	Supports claim to Finance Center for pay which cannot be supported by local records.
<b>ROUTINE USES:</b>	Claims are submitted because local records are incomplete, or member is separated, or will be separated before missing information can be obtained; or supporting documents are lost; or legislation or administrative decision creates retroactive entitlement which cannot be paid locally.
<b>DISCLOSURE:</b>	Voluntary. Claim initiated by member is only basis for payment.

<b>WARNING</b>	
<p><b>WHOEVER MAKES OR PRESENTS TO ANY PERSON OR OFFICER IN THE CIVIL, MILITARY OR NAVAL SERVICE OF THE UNITED STATES, OR ANY DEPARTMENT OR AGENCY THEREOF, ANY CLAIM UPON OR AGAINST THE UNITED STATES, OR ANY DEPARTMENT OR AGENCY THEREOF, KNOWING SUCH CLAIM TO BE FALSE, FICTITIOUS OR FRAUDULENT, WILL BE FINED NOT MORE THAN \$10,000 OR IMPRISONED NOT MORE THAN FIVE YEARS, OR BOTH. (62 Stat. 698) (18 U.S. Code 287)</b></p>	

<b>1. CLAIMANT DATA</b>			
a. NAME <i>(Last, First, Middle Initial)</i>	b. SOCIAL SECURITY NUMBER	c. PAY GRADE	d. RANK
e. SIGNATURE	f. DATE SIGNED <i>(YYMMDD)</i>	g. MAILING ADDRESS <i>(Street, PO Box, City, State, Zip Code)</i>	

<b>2. PERIOD FOR WHICH ARREARS ARE BELIEVED TO BE DUE FROM THE U.S.</b>		<b>3. CLAIMANT SERVED IN <i>(X one)</i></b>	
a. FROM <i>(YYMMDD)</i>	b. TO <i>(YYMMDD)</i>		ARMY
4. LAST DATE ENLISTED/ENTERED ON ACTIVE DUTY <i>(YYMMDD)</i>	5. LAST DATE DISCHARGED/RELEASED FROM ACTIVE DUTY <i>(YYMMDD)</i>		NAVY
			AIR FORCE
6. PLACE OF DISCHARGE <i>(City, State)</i>			MARINE CORPS
			COAST GUARD

<b>7. FACTS AND CIRCUMSTANCES ON WHICH CLAIM IS BASED <i>(State in sufficient detail to give a clear understanding. Continue on reverse side if additional space is needed.)</i></b>
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<b>8. DISBURSING/FINANCE OFFICER <i>(Complete only if claimant is on active duty. Continue on reverse side if additional space is needed.)</i></b> I hereby certify that I have not and will not pay any portion of this claim for the following reasons:
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a. NAME <i>(Last, First, Middle Initial)</i>	b. UNIT/COMMAND NAME		
c. SIGNATURE	d. DATE SIGNED <i>(YYMMDD)</i>	e. DISBURSING OFFICER SYMBOL NO.	

**ATTACH ALL AVAILABLE DOCUMENTARY EVIDENCE IN SUPPORT OF CLAIM AND MAIL TO**

<b>ARMY</b> Commander U.S. Army Finance & Acctg Center (Dept. 70) Indianapolis, IN 46249-0865	<b>NAVY</b> Commanding Officer U.S. Navy Finance Center Anthony J. Celebrezze Federal Building Cleveland, OH 44199-2055	<b>AIR FORCE</b> Commander HQAFAC Code: CC Denver, CO 80279-4000	<b>MARINE CORPS</b> Commanding Officer USMC Finance Center Code: SEC Kansas City, MO 64197-0001	<b>COAST GUARD</b> Commanding Officer (S&R) USCG Pay and Personnel Center 444 S.E. Quincy Street Topeka, KS 66683-0000
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