

PAY INQUIRY For use of this form see AR 37-104-3; the proponent agency is USAFAC.		BLOCK NUMBER					
		INQUIRY NO.	DATE				
SECTION I (To be completed by soldier)							
NAME (Last, First, Middle)		SSN					
UNIT		GRADE					
		PHONE NUMBER					
NATURE OF PAY INQUIRY (Be specific)							
SECTION II (To be completed by Unit Commander)							
<input type="checkbox"/> 1. Supporting document(s) submitted or will be submitted to finance.		DATE	TL NUMBER				
<input type="checkbox"/> 2. Local payment. Soldier has been counseled regarding impact on future pay. My recommendation is to approve/disapprove (cross out the appropriate word) the local payment.							
<input type="checkbox"/> 3. Other (Specify)							
Signature of Unit Commander (or soldier as appropriate).			DATE				
SECTION III (To be completed by Finance)							
<table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">PROBLEM</td> <td style="width: 25%;"> <input type="checkbox"/> Allotment <input type="checkbox"/> Entitlements <input type="checkbox"/> Collection <input type="checkbox"/> Leave </td> </tr> <tr> <td></td> <td> <input type="checkbox"/> Non-receipt Check <input type="checkbox"/> Non-receipt LES <input type="checkbox"/> Other (Specify) </td> </tr> </table>				PROBLEM	<input type="checkbox"/> Allotment <input type="checkbox"/> Entitlements <input type="checkbox"/> Collection <input type="checkbox"/> Leave		<input type="checkbox"/> Non-receipt Check <input type="checkbox"/> Non-receipt LES <input type="checkbox"/> Other (Specify)
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INQUIRY ANALYSIS CAUSE							
<input type="checkbox"/> 1. Non-receipt of document from Unit Commander. <input type="checkbox"/> 3. Document received - Finance did not process. <input type="checkbox"/> 5. Document received from Unit Commander on time but too late to be processed prior to JUMPS cutoff. <input type="checkbox"/> 7. USAFAC		<input type="checkbox"/> 2. Late receipt of document from Unit Commander. <input type="checkbox"/> 4. Document received and processed but rejected on DJUOL. <input type="checkbox"/> 6. Problem with prior station. <input type="checkbox"/> 8. Other (Specify) _____					
DESCRIPTION OF CAUSE AND ACTION TAKEN.							
ACTION REQUIRED							
<input type="checkbox"/> DA Form 3684 <input type="checkbox"/> Local Payment <input type="checkbox"/> Other (Specify)		INQUIRY EVALUATION <input type="checkbox"/> Valid <input type="checkbox"/> Invalid					
DATE APPROVED LOCAL PAYMENT PAID		SIGNATURE OF PAY CLERK					

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