PAY INQUIRY For use of this form see AR 37-104-3; the proponent agency is USAFAC.		BLOCK NUMBER		
		INQUIRY NO.	DATE	
SECT	TION I (To be completed by sole	dier)		
NAME (Last, First, Middle)	ME (Last, First, Middle) SSN		GRADE	
UNIT	<u> </u>		PHONE NUMBER	
NATURE OF PAY INQUIRY (Be specific)				
SECTION I	I (To be completed by Unit Cor	mmander)		
		DATE	TL NUMBER	
1. Supporting document(s) submitted or will be submit	itted to finance.			
 2. Local payment. Soldier has been counseled regard appropriate word) the local payment. 	ing impact on future pay. My	recommendation is to appi	rove/disapprove (cross out the	
3. Other (Specify)				
Signature of Unit Commander (or soldier as appropriate).			DATE	
SECTI	ON III (To be completed by Fina	ance)		
Allotment Entitlements	Collection	Leave		
	ceipt LES	ecify)		
	INQUIRY ANALYSIS CAUSE			
☐ 1. Non-receipt of document from Unit Commander. ☐ 2. Late receipt of document from Unit Commander.				
☐ 3. Document received - Finance did not process.	<u> </u>	ent received and processe	d but rejected on DJUOL.	
but too late to be processed prior to JUMPS cutoff.		n with prior station.		
☐ 7. USAFAC	□ 8. Other (Specify)		
DESCRIPTION OF CAUSE AND ACTION TAKEN.				
	ACTION REQUIRED			
☐ DA Form 3684 ☐ Local Payment	INQUIRY EVAL	UATION		
Other (Specify)	☐ Valid	☐ Invalid		
DATE APPROVED LOCAL PAYMENT PAID	SIGNATURE OF	PAY CLERK		

PAY INQUIRY For use of this form see AR 37-104-3; the proponent agency is U		BLOCK NU	BLOCK NUMBER		
		INQUIRY NO.	DATE		
SECTION I (To be	completed by sol	dier)			
NAME (Last, First, Middle)			GRADE		
UNIT			PHONE NUMBER		
NATURE OF PAY INQUIRY (Be specific) SECTION II (To be com 1. Supporting document(s) submitted or will be submitted to finance.		mmander)	TL NUMBER		
 2. Local payment. Soldier has been counseled regarding impact or appropriate word) the local payment. 3. Other (Specify) Signature of Unit Commander (or soldier as appropriate). 	n future pay. My	recommendation is to appr	ove/disapprove (cross out the		
SECTION III (To be		ance)			
PROBLEM Allotment Entitlements PROBLEM Non-receipt Check Non-receipt LES	☐ Allotment ☐ Entitlements ☐ Collection ☐ Leave PROBLEM ☐ Non-receipt Check ☐ Non-receipt LES ☐ Other (Specify)				
INQUIRY AN	IALYSIS CAUSE				
 □ 1. Non-receipt of document from Unit Commander. □ 3. Document received - Finance did not process. □ 5. Document received from Unit Commander on time but too late to be processed prior to JUMPS cutoff. □ 7. USAFAC DESCRIPTION OF CAUSE AND ACTION TAKEN. 	 □ 2. Late receipt of document from Unit Commander. □ 4. Document received and processed but rejected on DJUOL. □ 6. Problem with prior station. □ 8. Other (Specify) 				
ACTION	I REQUIRED				
☐ DA Form 3684 ☐ Local Payment ☐ INQUIRY EVALUATION					
Other (Specify)	☐ Valid	☐ Invalid			
TE APPROVED LOCAL PAYMENT PAID SIGNATURE OF PAY CLERK					

		BLOCK NU	BLOCK NUMBER	
PAY INQUIRY For use of this form see AR 37-104-3; the proponent agency is USAFAC.		INQUIRY NO.	DATE	
		integration in the		
SECTION I (To be co	ompleted by solo	lier)		
NAME (Last, First, Middle) SSN			GRADE	
UNIT			PHONE NUMBER	
NATURE OF PAY INQUIRY (Be specific) SECTION II (To be completed in the submitted to finance)		nmander) DATE	TL NUMBER	
2. Local payment. Soldier has been counseled regarding impact on f appropriate word) the local payment.		ecommendation is to appr	ove/disapprove (cross out the	
☐ 3. Other (Specify)				
Signature of Unit Commander (or soldier as appropriate).			DATE	
SECTION III (To be co	ompleted by Fina	ince)		
PROBLEM Allotment Entitlements C O	Collection	☐ Leave		
INQUIRY ANA	LYSIS CAUSE			
□ 1. Non-receipt of document from Unit Commander. □ 2. Late receipt of document from Unit Commander. □ 3. Document received - Finance did not process. □ 4. Document received and processed but rejected on DJUOL. □ 5. Document received from Unit Commander on time but too late to be processed prior to JUMPS cutoff. □ 6. Problem with prior station. □ 7. USAFAC □ 8. Other (Specify)				
	TO LUDEO			
ACTION F	REQUIRED INQUIRY EVALI	IATION		
☐ DA Form 3684 ☐ Local Payment ☐ Other (Specify)	☐ Valid	☐ Invalid		
DATE APPROVED LOCAL PAYMENT PAID	SIGNATURE OF	PAY CLERK		