

## PERSONNEL CLAIM PAYMENT REPORT

For use of this form see DA PAM 27-162; the proponent agency is OTJAG.

**Instructions to Claims Personnel:** The Fund Cite should reflect the current FY in the third digit. A payment code must be the last transaction on the claim when this report is produced. A copy of DD Form 1842 should be submitted to DFAS with this report.

**PAYMENT CODES:**  
PE - Emergency Payment  
PF - Final Payment

**AFTER RECON:**  
PP - Partial Supplemental  
PS - Final Supplemental

1. TO	2. FROM	
3. COMMAND	4. OFFICE CODE	5. FUND CITE
6. CLAIM NUMBER	7. DATE CLAIM FILED (YYYYMMDD)	8. AMOUNT CLAIMED

**PAYMENT OF CLAIM IS APPROVED FOR AMOUNT AND PAYEE LISTED BELOW**

9. PAYEE	10. SOCIAL SECURITY NUMBER	11. ADDRESS
12. PAYMENT AMOUNT	13. DATE PAYMENT RECORDED IN CLAIM RECORD (YYYYMMDD)	14. PAYMENT CODE

### CERTIFICATION

**PURSUANT TO AUTHORITY VESTED IN ME, I CERTIFY THAT THIS PAYMENT RECORD IS CORRECT AND PROPER FOR PAYMENT.**

15. SIGNATURE OF AUTHORIZED CERTIFYING OFFICER	
16. TITLE	17. DATE (YYYYMMDD)