	TIFICATE FOR PERFORI use of this form, see AR 37-104-4		
1. ORGANIZATION		2.	PERIOD
3. LOCATION		FROM	ТО
TO Finance and Accounting Officer:	This certificate is furnished pursuant to AR 37-104-4. It is applicable to all soldiers named hereon and for the period stated above unless otherwise indicated below.		
4. NAME (Last, First, MI)	5. SSN 6. TYPE OF PAY 7		7. PERIOD (if other than above)
Franks in 1 1		R'S STATEMENT	
while in duty sta sufficient to me	for which additional pay may be of atus performed hazardous duty a et the requirements of DODPM f service regulations.	as shown above, by orders of c	ompetent authority,
8. TYPED NAME AND GRADE OF C	OMMANDER 9. SIGNATU	RE OF COMMANDER	10. DATE