PAY AI	NOTE: If member has been transferred, forward this authorization to the officer currently maintaining the member's pay record.								
MEMBER (Last name,) (First)	(Middle)		SSAN		GRADE/RANK/RAT	E	BRANCH OF SERVICE	DATE
PAY GRADE NO.	LAST PAY RECORD EXAMINED		AMOUNT		APPROPRI	ATION DATA	I		l
FROM			<u> </u>		NAME O	F ACCOUNTABLE D.0	О.		
					SYMBOL	NO.	G.A.O.	EXCEPTION CODE	
•						•		YOU ARE HEREBY	'AUTHORIZED TO
то						•			
								CHARGE	CREDIT
•						•		THE MILITARY PAY MEMBER LIS	
		EXPL	ANATION	I AND/OR RE	ASON F	OR ADJUSTMEN	NT '		
has been made	tment is based on a thorougl or why the adjustment shoule to make adjustment.	n examin d not be	ation of all made for t	l available red the same item	cords. If t n, this aut	he Disbursing Of horization should	fficer h	nas knowledge that a p turned with a brief stat	revious adjustment tement of the
FROM				CE	CERTIFYING OFFICER (Name, rank/grade, and signature)				
	nat the adjustment indicated e explanation on reverse over					med member's N	Military	Pay Record. (If adjus	stment has not been
R	<u> </u>			•	<u> </u>	Т	YPED N	IAME AND GRADE OF D.O.	
T •						•			
F TO						D	D.O. SYM	MBOL NO.	DATE
A						s	SIGNATU	JRE	
T E						•			