

REQUEST FOR INFORMATION

IDENTIFICATION NUMBER SOCIAL SECURITY, ACCOUNT, BOAC, GBL, GTR, PURCHASE ORDER, ETC.	AGENCY CODE (2)	FOR OFM/NFC USE ONLY				ACCT. STATION/ PERSONNEL OFFICE IDENTIFIER (4)
		INQUIRY CODE (3)	REPLY CODE (2)	DATE REC'D. (6)	DATE COMP. (6)	CLERK CD. (2)
<input type="checkbox"/> IDENTIFICATION REQUESTED. PLEASE FURNISH COPY.	NAME (Employee, Vendor, Traveler, Cashier, Claimant, Casual)					SCHEDULE/PP NO.

INSTRUCTIONS

Check type inquiry and information requested. If information requested is not described below, check type inquiry and briefly describe information requested in the "Other" block. Always attach a copy of the source document pertaining to the inquiry for identification and follow-up.

▼ TYPE INQUIRY	INFORMATION REQUESTED					
Salary/ Allowance	<input type="checkbox"/> W-2 FOR TAX YEAR	<input type="checkbox"/> PAYROLL LISTING FOR YEAR(S)	<input type="checkbox"/> CASUAL TIME	<input type="checkbox"/> UNIFORM	<input type="checkbox"/> OTHER (<i>Explain Below</i>)	
Check/Bond	<input type="checkbox"/> NON-RECEIPT (<i>Check one</i>)	<input type="checkbox"/> BOND				
Travel Voucher/Advance	<input type="checkbox"/> RECONCILE, AGENCY BALANCE IS:	<input type="checkbox"/> PAYMENT STATUS OF TRAVEL VOUCHER/ADVANCE	<input type="checkbox"/> NON- RECEIPT	<input type="checkbox"/> DATE OF ADVANCE OR PERIOD OF TRAVEL		
FEDSTRIP Motor Pool	<input type="checkbox"/> STATUS					
GBL/GTR/CBL	<input type="checkbox"/> STATUS					
Imprest Fund	<input type="checkbox"/> STATUS OF FORM NUMBER	<input type="checkbox"/> NON-RECEIPT OF PAYMENT	<input type="checkbox"/> FURNISH (SUB)VOUCHERS FOR AUDIT PERIOD			
Telephone/ Utilities	<input type="checkbox"/> MASTER FILE ERROR	<input type="checkbox"/> NON-RECEIPT OF PAYMENT				
Purchase Order (AD-838)	<input type="checkbox"/> STATUS					
Over-the-Counter Purchase (AD-744)	<input type="checkbox"/> STATUS					
Misc. Pay	<input type="checkbox"/> STATUS					
Gasoline Credit Card	<input type="checkbox"/> REQUEST FOR MASTER FILE	<input type="checkbox"/> NON-RECEIPT OF CREDIT CARD				
Billings/ Collections	<input type="checkbox"/> STATUS	<input type="checkbox"/> BILL NUMBER	<input type="checkbox"/> APPLICANT/DEBTOR NUMBER	<input type="checkbox"/> DOCUMENT NUMBER		
CAS/Agency Reporting	<input type="checkbox"/> TYPE REPORT			<input type="checkbox"/> REPORT DATE		
<input type="checkbox"/> OTHER (<i>If more space is required, add additional sheet(s).</i>)						

NFC REPLY

<p>MAIL REPLY TO:</p> <div style="border: 1px solid black; width: 100%; height: 100px; margin-top: 10px;"></div> <p>AGENCY NAME AND ADDRESS</p>	<p>AUTHORIZED SIGNATURE</p> <hr/> <p>TITLE</p> <hr/> <p>PHONE (Area Code and number)</p> <hr/> <p>DATE</p>
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