	BLOCK NUM		iR .		
PAY INQUIRY					
For use of this form see AR 37-104-3; the proponent agency is	USAFAC.	INQUIRY NO.	DATE		
SECTION I (To be co	mpleted by sold	· · · · · · · · · · · · · · · · · · ·			
NAME (Last, First, Middle)		SSN	GRADE		
UNIT		PHONE NUMBER			
UNIT		FIIONE NOMBER	`		
NATURE OF PAY INQUIRY (Be specific)					
TWITCHE OF THE INCOME. (So opposite)					
SECTION II (To be compl	otod by Unit Con	amandar)			
	eted by Offit Con	DATE	TL NUMBER		
1. Supporting document(s) submitted or will be submitted to finance.					
2. Local payment. Soldier has been counseled regarding impact on future appropriate word) the local payment.	re pay. My recor	mmendation is to approve/di	isapprove (cross out the		
3. Other (Specify)					
Signature of Unit Commander (or soldier as appropriate).			DATE		
SECTION III (To be or	ompleted by Fina	ance)			
PROBLEM	Collection	Leave			
Non-receipt Check Non-receipt LES	Other (Spe	cify)			
INQUIRY ANA	LYSIS CAUSE				
1. Non-receipt of document from Unit Commander.		eipt of document from Unit (Commander.		
3. Document received - Finance did not process.	2. Late receipt of document from Unit Commander.				
	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)				
DESCRIPTION OF CAUSE AND ACTION TAKEN.					
ACTION REQUIRED					
☐ DA Form 3684 ☐ Local Payment	INQUIRY EVALUATION				
Other (Specify)	☐ Valid ☐ Invalid				
DATE APPROVED LOCAL PAYMENT PAID	SIGNATURE O	F PAY CLERK			

PFR

	BLOCK NUMBER			
PAY INQUIRY For use of this form see AR 37-104-3; the proponent agency is USAFAC.	INQUIRY NO.	DATE		
SECTION I (To be completed by sol	dier)			
NAME (Last, First, Middle)	SSN	GRADE		
UNIT	PHONE NUMBER			
NATURE OF PAY INQUIRY (Be specific)				
SECTION II (To be completed by Unit Co	ammandar)			
1. Supporting document(s) submitted or will be submitted to finance.	DATE	TL NUMBER		
2. Local payment. Soldier has been counseled regarding impact on future pay. My recomposition appropriate word) the local payment.	mmendation is to approve/disa	approve (cross out the		
3. Other (Specify)				
Signature of Unit Commander (or soldier as appropriate).		DATE		
SECTION III (To be completed by Fir	nance)			
PROBLEM Allotment Entitlements Collection Non-receipt Check Non-receipt LES Other (Sp.	Leave			
INQUIRY ANALYSIS CAUSE				
1. Non-receipt of document from Unit Commander.	ceipt of document from Unit Co	ommander.		
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.			
<u> </u>	8. Other (Specify)			
DESCRIPTION OF CAUSE AND ACTION TAKEN.				
ACTION REQUIRED				
□ DA Form 3684 □ Local Payment □ Valid □ Valid	INQUIRY EVALUATION Valid Invalid			
DATE APPROVED LOCAL PAYMENT PAID SIGNATURE	OF PAY CLERK			

PFR

	BLOCK NUMBER			
PAY INQUIRY For use of this form see AR 37-104-3; the proponent agency is USAFAC.	INQUIRY NO.	DATE		
SECTION I (To be completed by sol	dier)			
NAME (Last, First, Middle)	SSN	GRADE		
UNIT	PHONE NUMBER			
NATURE OF PAY INQUIRY (Be specific)				
SECTION II (To be completed by Unit Co	ammandar)			
1. Supporting document(s) submitted or will be submitted to finance.	DATE	TL NUMBER		
2. Local payment. Soldier has been counseled regarding impact on future pay. My recomposition appropriate word) the local payment.	mmendation is to approve/disa	approve (cross out the		
3. Other (Specify)				
Signature of Unit Commander (or soldier as appropriate).		DATE		
SECTION III (To be completed by Fir	nance)			
PROBLEM Allotment Entitlements Collection Non-receipt Check Non-receipt LES Other (Sp.	Leave			
INQUIRY ANALYSIS CAUSE				
1. Non-receipt of document from Unit Commander.	ceipt of document from Unit Co	ommander.		
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.			
<u> </u>	8. Other (Specify)			
DESCRIPTION OF CAUSE AND ACTION TAKEN.				
ACTION REQUIRED				
□ DA Form 3684 □ Local Payment □ Valid □ Valid	INQUIRY EVALUATION Valid Invalid			
DATE APPROVED LOCAL PAYMENT PAID SIGNATURE	OF PAY CLERK			

PFR