

PAY INQUIRY For use of this form see AR 37-104-3; the proponent agency is USAFAC.		BLOCK NUMBER	
		INQUIRY NO.	DATE
SECTION I (To be completed by soldier)			
NAME (Last, First, Middle)		SSN	GRADE
UNIT		PHONE NUMBER	
NATURE OF PAY INQUIRY (Be specific)			
SECTION II (To be completed by Unit Commander)			
<input type="checkbox"/> 1. Supporting document(s) submitted or will be submitted to finance.		DATE	TL NUMBER
<input type="checkbox"/> 2. Local payment. Soldier has been counseled regarding impact on future pay. My recommendation is to approve/disapprove (cross out the appropriate word) the local payment.			
<input type="checkbox"/> 3. Other (Specify)			
Signature of Unit Commander (or soldier as appropriate).			DATE
SECTION III (To be completed by Finance)			
PROBLEM	<input type="checkbox"/> Allotment	<input type="checkbox"/> Entitlements	<input type="checkbox"/> Collection
	<input type="checkbox"/> Non-receipt Check	<input type="checkbox"/> Non-receipt LES	<input type="checkbox"/> Leave
	<input type="checkbox"/> Other (Specify) _____		
INQUIRY ANALYSIS CAUSE			
<input type="checkbox"/> 1. Non-receipt of document from Unit Commander.		<input type="checkbox"/> 2. Late receipt of document from Unit Commander.	
<input type="checkbox"/> 3. Document received - Finance did not process.		<input type="checkbox"/> 4. Document received and processed but rejected on DJUOL.	
<input type="checkbox"/> 5. Document received from Unit Commander on time but too late to be processed prior to JUMPS cutoff.		<input type="checkbox"/> 6. Problem with prior station.	
<input type="checkbox"/> 7. USAFAC		<input type="checkbox"/> 8. Other (Specify) _____	
DESCRIPTION OF CAUSE AND ACTION TAKEN.			
ACTION REQUIRED			
<input type="checkbox"/> DA Form 3684		<input type="checkbox"/> Local Payment	
<input type="checkbox"/> Other (Specify) _____		INQUIRY EVALUATION	
		<input type="checkbox"/> Valid <input type="checkbox"/> Invalid	
DATE APPROVED LOCAL PAYMENT PAID		SIGNATURE OF PAY CLERK	