

Individual Claim for Active Duty Pay, Allowances, and Adjustments

[For use of this form see USARC Pam 37-1; the proponent agency is the DCS, G-8.]

1. FROM (Unit Address to include PAS)

DATA REQUIRED BY THE PRIVACY ACT

Authority: Title 37, U.S.Code, Sec. 101 and following.
 Principal Purpose: Used by the Reserve Component soldier IAW USARC Reg 37-1 when submitting his/her own claim for compensation and internal controls.
 Routine Uses: To process the action requested.
 Disclosure: Voluntary; however, failure to provide the requested information may result in a delay or error in processing claim.

2. NAME (Last, First, Middle/MI as shown on MMPA)

3. SSN (As shown on MMPA)

4. ORIGINAL ORDER NUMBER

5. DEPART HOR (Date)

6. RETURN HOR (Date)

CHECK THOSE ITEMS WHICH APPLY

7. ENLISTED BAS paid IAW orders. **Mark only** if a Statement of Non-Availability (SNA) was issued. SNA must be attached.

8. OFFICER BAS COLLECTION DA Form 4187 enclosed. Meals available at no charge.

9. BAH - This allowance will be paid IAW orders/current MMPA data unless one of the following applies. (Mark one, if applicable.)

a. Statement of Non-Availability of Quarters attached.

c. E-7 or above elects not to occupy Government Quarters. (Individual ADT/ADSW/TTAD only. Not an option for Unit AT.)

b. Soldier married to soldier. Spouse is not on active duty for period:
 FROM _____ TO _____
 (YYMMDD) (YYMMDD)

d. Soldier due BAH-DIFF. Weekly/monthly support amount of \$ _____ was paid by soldier. (Amount must equal/exceed BAH-DIFF rate.)

e. Quarters available but not directed; soldier did **not** occupy.

10. Mileage Only. (Duty inside commuting distance/outside corporate limits.) Enter Round Trip distance (miles): _____

11. Special/Incentive Pay Entitlement. Type _____ Orders must authorize this entitlement.

12. Saved Pay. Previous Grade _____ New Grade _____

13. Active Duty Pay Adjustment. (Check one) Overpayment (collect) Underpayment (pay) [Documentation required]

14. Update Accrued Leave Data on MMPA. (FI-IND field) Total days Paid Leave _____

15. Pay Accrued Leave. Soldier must complete and sign the below statement. (*Only exception: Contingency Operations)

"I accrued _____ days of military leave during the period of _____ to _____ and I used _____ days of that accrual. I am due payment for _____ days accrued military leave. I have not received payment for more than 60 days (*) of military leave during my military career."

 (Soldier's signature required.)

16. REMARKS

17. PREPARER'S SIGNATURE

18. DATE