

SAMPLE
RESERVE AND NATIONAL GUARD
FINANCE INPROCESSING CHECKLIST
FORT JACKSON, SOUTH CAROLINA

Class#: _____

Processed By: _____

Date: 8 JAN 2012

Fund Cite: _____ ICD: _____ PAS: _____ APC: _____

Name: Doe, JANE SSN: 123456789 Grade: 01 DOB: _____
Last, First, MI

Order #: 123-456 Date of Orders: 31 Oct 2011 Unit Assigned: 10th MTN Div

Date Departed Home: 7 JAN 2012 Tour Ending Date: 6 APR 2012

If address is different than shown on orders, enter desired address.

Home Address: Street: 123 Main St
City, State, Zip: Columbus, GA 30113

I understand that I am responsible for insuring that my Certificate of Performance is submitted to the Reserve Pay Unit, DMPO every 30 days and upon completion of my tour.

Member Signature: Jane Doe

-----FOR FINANCE USE ONLY-----

Authorized Travel Days: _____

Order: YES NO

DA5960: BAH YES NO
Marriage Certificate: YES NO
Child's Birth Certificate YES NO
Divorce Decree YES NO N/A
Child Support Document YES NO
Lease/Mortgage YES NO
State Tax 2058: YES NO

W4 YES NO
State Tax 1058: YES NO
FSA (DD1561): YES NO
PAY OPTION(SF1199): YES NO
Oath of Office YES NO

Clothing Allowance(If Authorized): YES NO

REMARKS: _____

