

IDENTIFICATION NUMBER		REQUEST FOR INFORMATION					
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 RECEIVED (6)	DATE COMPLETED (6)	
		NAME (Employee, Vendor, Traveler, Cashier, Claimant, Casual)					SCHEDULE/PP NO.
<input type="checkbox"/> IDENTIFICATION REQUESTED. PLEASE FURNISH COPY.							
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	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 (Explain Below) <input type="checkbox"/>		
Check/Bond	NON-RECEIPT (Check one) <input type="checkbox"/>	BOND <input type="checkbox"/>					
Travel Voucher/Advance	RECONCILE, AGENCY BALANCE IS: <input type="checkbox"/>	PAYMENT STATUS OF TRAVEL VOUCHER/ADVANCE <input type="checkbox"/>		DATE OF ADVANCE OR PERIOD OF TRAVEL NON-RECEIPT <input type="checkbox"/>			
FEDSTRIP Motor Pool	STATUS <input type="checkbox"/>						
GBL/GTR/CBL	STATUS <input type="checkbox"/>						
Imprest Fund	STATUS OF FORM NUMBER <input type="checkbox"/>	NON-RECEIPT OF PAYMENT <input type="checkbox"/>		FURNISH (SUB)VOUCHERS FOR AUDIT PERIOD <input type="checkbox"/>			
Telephone/ Utilities	MASTER FILE ERROR <input type="checkbox"/>	NON-RECEIPT OF PAYMENT <input type="checkbox"/>					
Purchase Order (AD-838)	STATUS <input type="checkbox"/>						
Over-the-Counter Purchase (AD-744)	STATUS <input type="checkbox"/>						
Misc. Pay	STATUS <input type="checkbox"/>						
Gasoline Credit Card	REQUEST FOR MASTER FILE <input type="checkbox"/>	NON-RECEIPT OF CREDIT CARD <input type="checkbox"/>					
Billings/ Collections	STATUS <input type="checkbox"/>	BILL NUMBER <input type="checkbox"/>	APPLICANT/DEBTOR NUMBER <input type="checkbox"/>		DOCUMENT NUMBER <input type="checkbox"/>		
CAS/Agency Reporting	TYPE REPORT <input type="checkbox"/>			REPORT DATE <input type="checkbox"/>			
OTHER (If more space is required, add additional sheet(s).)							
NFC REPLY							

<p style="text-align: center;">MAIL REPLY TO:</p> <p>AGENCY NAME AND ADDRESS</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	<p style="text-align: center;">AUTHORIZED SIGNATURE</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p style="text-align: center;">TITLE</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p style="text-align: center;">PHONE (Area Code and Number)</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p style="text-align: center;">DATE</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
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