

AUTHORIZATION/DESIGNATION FOR EMERGENCY PAY AND ALLOWANCES

MEMBER (Last Name, First Name, Middle Initial)	GRADE, RATE OR RANK	FILE OR SERVICE NUMBER	SOCIAL SECURITY ACCOUNT NUMBER
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MEMBER'S STATION OR ORGANIZATION

PRIMARY DEPENDENT'S NAME (or designated representative for minor dependents) (First Name, Middle Initial, Last Name)	RELATIONSHIP
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DEPENDENTS OTHER THAN PRIMARY

NAME (Last Name, First Name, Middle Initial)	DATE OF BIRTH	NAME (Last Name, First Name, Middle Initial)	DATE OF BIRTH
1.		5.	
2.		6.	
3.		7.	
4.		8.	

☐ ADVANCE OF PAY - MAXIMUM AMOUNT \$ _____ (NOT TO EXCEED 2 MONTHS BASIC PAY)

I HEREBY AUTHORIZE AN ADVANCE OF BASIC PAY, AS INDICATED ABOVE, TO BE PAID TO MY ABOVE NAMED DEPENDENT OR REPRESENTATIVE, IN THE EVENT OF AN EMERGENCY DECLARED BY PROPER AUTHORITY, I UNDERSTAND THAT ANY AMOUNT OF MY BASIC PAY PAID TO MY DEPENDENT OR REPRESENTATIVE WILL BE DEDUCTED FROM PAY AND ALLOWANCES DUE ME.

☐ EVACUATION ALLOWANCE (DESIGNATED DEPENDENT OR REPRESENTATIVE)

☐ EVACUATION DISLOCATION ALLOWANCE (DESIGNATED DEPENDENT OR REPRESENTATIVE)

I HEREBY DESIGNATE THE ABOVE NAMED INDIVIDUAL TO RECEIVE THE PAYMENT CHECKED IN THE EVENT OF AN EVACUATION ORDERED OR APPROVED BY COMPETENT AUTHORITY.

DATE	SIGNATURE OF MEMBER
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SIGNATURE OF PRIMARY DEPENDENT (or designated representative for minor dependent)

DATE	NAME, SIGNATURE, AND TITLE OF AUTHENTICATING OFFICIALS
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RECORD OF PAYMENTS

DATE	DISBURSING OFFICER	SYMBOL NUMBER	PAYROLL NO. OR VOUCHER NO.	TYPE OF PAYMENT (Advance of Pay - Dislocation Allowance Evacuation Allowance)	AMOUNT PAID