

INDIVIDUAL CLAIM FOR ACTIVE DUTY PAY AND ALLOWANCES

(USARC Pam 37-1; the proponent agency is DCSCOMPT)

1. FROM (Unit Address)

DATA REQUIRED BY THE PRIVACY ACT

Authority: Title 37, U.S. Code, Sec. 101 and following.
 Principal Purpose: Used by the Reserve Component soldier in accordance with AR 37-104-10 when submitting his/her own claim for compensation.
 Routine Uses: To process the action requested.
 Disclosure: Voluntary, however, failure to provide the social security number may result in a delay or error in processing the claim.

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

3. SSN (As shown on MMPA)

4. ORIGINAL ORDER NO.

5. PRN

6. DEPART HOR (time/date/city and state)

7. RETURN HOR (time/date/city and state)

CHECK THOSE ITEMS WHICH APPLY

8. Meals furnished free of charge (NO BAS PAYMENT). Skip blocks 9a and b if this block applies. (ENLISTED ONLY)

9. BAS STATUS (RATIONS) (Check the applicable box under a, b, c, or d)

a. SEPARATE RATIONS (SR)

b. RATIONS NOT AVAILABLE (RNA)

c. OFFICER BAS COLLECTION

Per diem authorized
Military installation
Meals available

No per diem authorized
Non-military installation
No meals available

DA Form 4187 attached

No per diem authorized
Military installation
Required to pay

No per diem authorized
Military installation
No meals available
Statement of nonavailability issued

d. OTHER
(See Remarks)

Per diem authorized
Non-military installation

Per diem authorized
Military installation
No meals available
Statement of nonavailability issued

10. BAQ without dependents.

a. Statement of Nonavailability of Quarters attached.

d. Other
(See Remarks)

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

c. Zero dependents. No government quarters provided.

11. Mileage only. No travel voucher will be submitted. Enter Round Trip distance (miles): _____

12. Special/Incentive Entitlement Code (must be authorized in orders): _____

13. Saved Pay. Previous pay grade: _____ PEBD _____

14. Request payment of Accrued Leave.

15. Other:

16. REMARKS

17. SIGNATURE OF SOLDIER OR UNIT PAY ADMINISTRATOR

18. DATE