

DFAS Columbus Form 6551

Required information is marked by an asterisk *.

Name/Company Name*:	<input type="text"/>		
Address Line 1:	<input type="text"/>		
Address Line 2:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text"/>
Contract Number:	<input type="text"/>		
Point of Contact*:	<input type="text"/>		
POC Phone Number*:	<input type="text"/>		
POC Email Address*:	<input type="text"/>		

Please select the type of payment you need to make from the payment drop down menu.
Please enter payment details such as invoice number, bill number, etc. in the Payment Information box.
Multiple bill or invoice numbers may be entered separated by a comma.

Payment Type*:	<input type="text"/>
Payment Information *: (i.e. Bill Number, Invoice Number, Travel Order Number, Bill of Collection Number)	<input type="text"/>
Amount of Payment* \$	<input type="text"/>

**Will you be using this form frequently? Please visit the Pay.gov home page at www.pay.gov to register and set up an account.