

DFAS Columbus Form 6355

Required information is marked by an asterisk *.

Name/Company Name*:

Address Line 1:

Address Line 2:

City: State: Zip:

Debt Document Number:

Point of Contact*:

POC Phone Number*:

POC Email Address*:

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*:

Payment Funds/Line of Accounting (LoA):

Payment Information *:
(i.e.: Bill Number, Invoice Number, Bill of Collection Number, Accounting Processing Code (APC), Funds/Line of Accounting (LoA))

Amount of Payment* \$

**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.