

DFAS Columbus Form 5570

Required information is marked by an asterisk *.

Name/Company Name*:

Address Line 1:

Address Line 2:

City: State: Zip:

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.

Payment/Advance Amount*: \$

Payment Type*:

Bill Number: Bill of Collection (BOC):

Order Number: Original DOV:

CRDA/PLA Control Number: Original Mod#:

SIFS Depots - IMWRF: Original Invoice:

MRRN: Original Pay Date:

JONO: Cage Code/TIN/DUNS:

TSA Number/CRDA Number::

MIPR/Purchase Order Number:

MIPR/PRON:

PRON:

Contract Number:

Line of Accounting:

Description:

**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.