

## DFAS Columbus Form - DAI Customers Only

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 E-mail Address\*:

Please select the type of payment you need to make from the payment drop down menu.

Payment/Advance Amount\*: \$

Payment Type\*:

Invoice #:

Invoice Date:

Subhead\*:

Comments:

\*\*Will you be using this form frequently? Please visit the Pay.gov home page at [www.pay.gov](http://www.pay.gov) to register and set up an account.