

DFAS Contractor Debt Payment 5570

Please enter information as it appears on your billing statement

*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"/>
		Zip:	<input type="text"/>
Payment Amount*:	\$ <input type="text"/>		
Bill of Collection (BOC)*:	<input type="text"/>		
Contract Number: (optional)	<input type="text"/>		