

## DFAS Columbus Air Force Contract Vendor Debt 3801/503000

Please enter information as it appears on your billing statement

\* Required information is marked by an asterisk

Air Force Base:

If you know the base that you are making a payment to, please use the drop-down box and select your base.

\* Name/Company Name:

\* Address Line 1:

Address Line 2:

\* Country:

\* City:

\* State:

\* Zip:

\* POC Name:

\* POC Email:

\* POC Telephone:

\* Payment Amount:

\* Bill of Collection (BOC):

[Where do I find this information?](#)

Contract Number:  
(optional)

\* Additional data to be submitted?

Yes

No

By selecting Yes to this question, you will be able to upload a csv/txt/pdf file on the next screen for submission with this form.