

86th Comptroller Squadron
Retirement and Separation Out-Processing

The attached documents are required to out-process 86 CPTS to ensure a smooth transition as you separate or retire. Please complete all of the forms and email with a copy of your orders to 86CPTS.Finance@ramstein.af.mil.

Pages 2 & 3 are the Finance Out-Processing Checklist. The checklist requires signatures from each organization listed. Page 3 is for Finance and will be signed once page 2 is completed by the various agencies.

Page 4 is the Important Notice. This is required in order to get your full final pay.

Page 5 is a Direct Deposit form. The SF 1199A pertains to your final pay, and only your final pay. If you wish for your final pay to be electronically transferred to the same account as your current active duty pay please complete sections 1 and 5 and place "Same as Military Pay" in section 3. If you would like your final pay to go to a different account please specify the account information in section 3.

Page 6 is the AF Form 594. This is a mandatory recertification for housing allowances. Be sure to specify CURRENT information in blocks 1-5. Provide only one response in block 6 citing the most accurate response. If you are dual military, your military spouse's information is required. Block 7 is applicable if you are currently paying child support while block 8 requires all dependants. If you are dual military and your spouse claims the children for pay purposes, then do not list them. Be sure to specify the physical address of all dependents. Sign in the "Member's Signature" block and the form is complete.

Page 7 is the Address Change Form. This is used to provide a forwarding address in the event the Defense Finance and Accounting Service (DFAS) need to get in touch with you. Please fill in your name, SSN, and your new mailing address information. Proceed to the bottom and sign in the signature block. In the blank space provided here, please include a personal email address as this is typically the easiest way for 86 CPTS and DFAS office to make contact with you if there are any issues with your final pay.

Page 8 is the Military Pay Entitlement Recertification. Please provide the requested information at the top and check the boxes as they apply to you.

Page 9 is your briefing page. Print your name then sign and date the form. Be sure that you read all the information included here as it answers many frequently asked questions.

Please be sure you send all of these documents and a copy of your orders to 86CPTS.Finance@ramstein.af.mil NLT 15 days prior to your DOS.

If you are taking Permissive TDY/Terminal leave ensure you send your completed hardcopy AF 988s with your documentation. A leave number will be emailed back to you within one business day at which time you will be able to log into LeaveWeb and print an electronic Part 2. If you have any questions, please send them to 86CPTS.Finance@ramstein.af.mil with the subject line SEPARATION or RETIREMENT.

FINANCE OUTPROCESSING CHECKLIST

\$ 86TH COMPTROLLER SQUADRON \$

DOS: _____
BASE OF SEP: _____
PORT CALL: _____

SSN: _____
NAME: _____
RANK: _____

MEMBER INSTRUCTIONS:

The purpose of this checklist is to assist the Financial Services Office (FSO) in computing your final separation pay. It does not necessarily represent your actual financial status as determined by the organizations or offices making entries herein. Subsequent review or audit of records may establish that you are in debt of an amount not indicated on this list. Any failure by the organizations to reflect such debt on this checklist will result in you receiving the total separation pay due. You must ensure that all agencies coordinate on this letter. After completion, you will need to turn this in to the finance office.

TO THE ACTION OFFICES:

Note any debt or other transaction that is pending or has been forwarded to the FSO within the past 10 days. If not already done, provide the required debt documentation (DD Form 139, Pay Adjustment Authorization; DD Form 114, Military Pay Order or DD Form 362, Statement of Charges for Government Property Lost, Damaged, Destroyed and so on) to the FSO within one workday. Immediately telephone the FSO/Military Pay Section and provide verbal notification of the debt. Note the debt reason and amount owed in the appropriate area. Print name and provide signature of organizational representative and date.

1. SQUADRON (Filled out by CSS):

- A. Is the member taking terminal leave? YES/NO
- B. Has the member taken leave within the past 30 days? YES/NO
- C. Does the member have any leaves that need to be reconciled in Leave Web? YES/NO
- D. 1. Does the member have a Government Travel Card? YES/NO
2. Is the member indebted to the GTC?
Date Card Destroyed: _____ Date Account Closed: _____
Witness Name/Rank: _____ Signature: _____
- E. Does the member have any pending documentation for SJA? YES/NO
Debt Reason: _____ Amount: _____
Name: _____ Signature: _____ Date: _____

2. Education Center (Building 2120, Ramstein Air Base) :

- A. Is the member indebted to your organization? YES/NO
Debt Reason: _____ Amount: _____
Name: _____ Signature: _____ Date: _____

3. FAMILY HOUSING, VOGELWEH or SATELLITE OFFICE:

- A. Is the member indebted to your organization? YES/NO
Debt Reason: _____ Amount: _____
Name: _____ Signature: _____ Date: _____

4. FSO MILITARY PAY (FINANCE), BLDG 2108:

A. Is the member indebted to your organization? YES/NO

Debt Reason: _____ Amount: _____

Name: _____ Signature: _____ Date: _____

Important Notice

I _____, SSN: _____
understand that 45% of my final pay will be withheld if the Finance Checklist is not
completed and returned prior to my Final Out appt with MPF. IAW AFMAN 65-116
Chapt 52. Section 52-2

SIGN/DATE

Privacy Act of 1974 as amended applies to this document. Personal information must be
safeguarded at all time. Discloser of personal information is mandatory for purpose of
final payment from the United States Air Force. The information will be used to access
your military pay record.

FASTSTART DIRECT DEPOSIT

INSTRUCTIONS FOR PROCESSING FEDERAL EMPLOYEE PAYMENTS

Use: For processing Federal employee net salary, allotments, and other agency - approved payments associated with Federal employment (i.e. travel reimbursement, uniform allowance, etc). Employee must complete items 1, 2, 3 and 5. Complete item 4 only if you want to start, cancel or change the amount of a savings or discretionary allotment - see instructions on back of form.

1. EMPLOYEE INFORMATION (SSN) EMPLOYEE PAYROLL IDENTIFICATION NUMBER EMPLOYEE NAME (as on payroll records) (Last, First, Initials) TELEPHONE NUMBER (WORK) (HOME) 			
2. TYPE OF ACCOUNT <input type="checkbox"/> Checking <input type="checkbox"/> Savings TYPE OF PAYMENT <input type="checkbox"/> Net Pay <input type="checkbox"/> Travel <input type="checkbox"/> Other Federal employment related payments	3. DIRECT DEPOSIT ACCOUNT INFORMATION - NET PAY/TRAVEL/OTHER (Use Sec. 4 for allotments) A voided personal check/sharedraft may be attached in lieu of completing this section. See instructions on back of this form. ROUTING TRANSIT NUMBER Check Digit ACCOUNT NUMBER ACCOUNT TITLE _____ (Account Holder's Name) FINANCIAL INSTITUTION NAME _____		
4. ALLOTMENT INFORMATION Complete this section only if you want to start, cancel or change the amount of a savings or discretionary allotment - see instructions on back of form.			
TYPE OF ALLOTMENT (Check One) <input type="checkbox"/> Savings (whole dollar amounts only) <input type="checkbox"/> Discretionary or Third Party	TYPE OF ACCOUNT (Check One) <input type="checkbox"/> SAVINGS <input type="checkbox"/> CHECKING	ACTION (Check One) <input type="checkbox"/> START <input type="checkbox"/> CANCEL <input type="checkbox"/> CHANGE	AMOUNT (Check One) <input type="checkbox"/> INCREASE TO: <input type="checkbox"/> DECREASE TO: New Total \$ _____
ALLOTTEE NAME (person/company who will receive allotment) ALLOTTEE'S ROUTING NUMBER Check Digit ALLOTTEE'S ACCOUNT NUMBER ALLOTTEE'S ACCOUNT TITLE _____ (Account Holder's Name) FINANCIAL INSTITUTION NAME _____			
5. AUTHORIZATION <div style="display: flex; justify-content: space-between;"> * _____ EMPLOYEE'S SIGNATURE _____ DATE </div>			
6. AGENCY USE:			

APPLICATION AND AUTHORIZATION TO START, STOP OR CHANGE BASIC ALLOWANCE FOR QUARTERS (BAQ) OR DEPENDENCY REDETERMINATION															
AUTHORITY: 37 USC 043, Public Law 96-343, EQ 9397 PURPOSE: To start, adjust or terminate military member's entitlement to BAQ ROUTINE USE(S): Information may be disclosed to the Internal Revenue Service for tax information on members Social Security Administration or information on tax deducted, Department of Veteran Affairs for education and group life insurance information, and the Department of Justice for investigating or prosecuting possible violations of the law, the American Red Cross for information concerning the needs of the member or dependents emergency situations, the Air Force to determine needs of a member or dependents in emergency situations and for verification of loan applications, state and local governments for tax and welfare insurance companies for allotment information and financial institutions, for deposits and/or payments. DISCLOSURE: Voluntary. However, failure to provide all information including Social Security Number (SSN) may result in nonpayment of BAQ		PRIVACY ACT STATEMENT													
PART A - IDENTIFICATION & DUTY LOCATION 1. NAME (Last, First, MI) 2. SSN 3. GRADE 4. PHONE 5. DUTY LOCATION (Base, State, ZIP Code or Country)		HOUSING OFFICE or BILLETING OFFICIAL NON-AVAILABILITY/ASSIGNMENT/TERMINATION OF QUARTERS QUARTERS ARE NOT ASSIGNED <input type="checkbox"/> DATE: ADEQUATE QUARTERS <input type="checkbox"/> ASSIGNED <input type="checkbox"/> TERMINATED EFFECTIVE DATE: UNIT # INADEQUATE QUARTERS <input type="checkbox"/> ASSIGNED <input type="checkbox"/> TERMINATED EFFECTIVE DATE: UNIT # TRANSIENT QUARTERS OCCUPIED - UNIT # EFFECTIVE DATES FROM: TO: TITLE SIGNATURE DATE													
PART B - MARITAL/DEPENDENT STATUS 6 <input type="checkbox"/> SINGLE, NO DEPENDENTS <input type="checkbox"/> SINGLE, CLAIMING DEPENDENT(S) MARRIED - SPOUSE IS A <input type="checkbox"/> CIVILIAN <input type="checkbox"/> MILITARY MEMBER IF MILITARY SPOUSE - NAME, SSN, BRANCH OF SERVICE, STATION AND DATE OF MARRIAGE: <input type="checkbox"/> DIVORCED (Date) <input type="checkbox"/> LEGALLY SEPERATED (Date)		7. NON-CUSTODIAL PARENTS: I PAY <input type="checkbox"/> THE FULL AMOUNT OF WITH-DEPENDENT RATE BAQ, OR <input type="checkbox"/> \$.00 PRE MONTH FOR DEPENDENT SUPPORT BASED ON: a. <input type="checkbox"/> DIVORCE DECREE b. <input type="checkbox"/> COURT ORDER c. <input type="checkbox"/> LEGAL SEPERATION AGREEMENT, OR d. <input type="checkbox"/> WRITTEN AGREEMENT WITH CHILDS CUSTODIAN 8. I <input type="checkbox"/> CLAIM BAQ FOR THE DEPENDENT <input type="checkbox"/> IN <input type="checkbox"/> NOT IN MY CUSTODY LISTED BELOW (Effective Date): Note: Indicate the civilian dependent you are claiming and the relationship (i.e., spouse, legitimate, illegitimate, incapacitated, adopted, step-child or parent) if dependent is a child include the date of birth (DOB)													
(a) NAME (Last, First, MI) (b) ADDRESS, CITY, STATE, ZIP or COUNTRY (c) RELATIONSHIP (d) DOB		9. IF DEPENDENT NAMED ABOVE IS A CHILD WHOSE PARENT IS A MILITARY MEMBER, OR THE SPOUSE OF A MEMBER PROVIDE THE FOLLOWING <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">NAME</th> <th style="width: 17%;">SSN</th> <th style="width: 23%;">BRANCH OF SERVICE</th> <th style="width: 27%;">STATION</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>		NAME	SSN	BRANCH OF SERVICE	STATION								
NAME	SSN	BRANCH OF SERVICE	STATION												
PART C - MEMBERS CERTIFICATION (For members with dependents) <input type="checkbox"/> I certify that I provide adequate support (see AFR 35-18) for the dependents named above. I am aware that failure to adequately support the above named dependents will result in stopping BAQ, and recouping allowances paid for any prior periods of nonsupport CERTIFICATION FOR MEMEBERS RECIEVING BAQ FOR SECONDARY DEPENDENT! (Parent, adopted, illegitimate, incaaacitated child or steo-child) I certify that this is my first application <input type="checkbox"/> YES <input type="checkbox"/> NO If no, give date your last application was filed. I understand that my failure to comply with the applicable requirements may result in cancellation of my BAQ. Furthermore, I understand that making a false statement or claim against the US Government is punishable by court martial and that the penalty for willfully making a false claim, or false statement in connection with a claim is a maximum fine of \$10,000 or imprisonment for 5 years, or both. I will report any changes of dependent's status or residence, as well as any changes in my housing arrangements immediately to the Accounting and Finance Office (AFO). I also understand that my failure to comply with appropriate requirements may cause involuntary collection of any resulting indebtedness retroactive to the date the entitlement became erroneous.															
MEMBER'S SIGNATURE SIGNATURE		DATE													
OFFICIAL USE ONLY															
<input type="checkbox"/> START <input type="checkbox"/> CHANGE <input type="checkbox"/> CANCEL <input type="checkbox"/> REPORT <input type="checkbox"/> STOP <input type="checkbox"/> PARTIAL <input type="checkbox"/> WITHOUT DEPENDENT <input type="checkbox"/> WITH DEPENDENT															
DEPENDENCY DETERMINATION I have determined that the above named individual is dependent on the member based on being <input type="checkbox"/> Spouse <input type="checkbox"/> Single member claiming legitimate child in customer of another <input type="checkbox"/> Legitimate child in single members custody <input type="checkbox"/> Parents <input type="checkbox"/> Stepchild <input type="checkbox"/> Adopted Child <input type="checkbox"/> Incapacitated Child <input type="checkbox"/> Illegitimate child or <input type="checkbox"/> Child, member to memeber marriage <input type="checkbox"/> I have determined that the above named individual is not dependent on member or eligible to be a dependent of member. Reasons for disapproval are noted here <input type="checkbox"/> I have reviewed documents that support claim that member is E-7 or above and no military necessity requires the member to reside off base.															
TITLE OF CERTIFYING OFFICIAL		SIGNATURE SIGNATURE													
OFFICE ADDRESS		DATE													

ADDRESS CHANGE FORM						
PRIVACY ACT STATEMENT						
<p>Personal information is solicited on this form. As required by the Privacy Act of 1974, we advise:</p> <p>1. AUTHORITY: 37 U.S.C. 101 et seq. 5 U.S.C., Chapter 55; 10 U.S.C., Chapters 67.71, and 871; Title 39, U.S.C. 406 and Title 10, U.S.C. 8013; E.O. 9397, Nov 1943</p> <p>2. PRINCIPAL PURPOSES: To permit address changes for the Joint Uniform Military Pay System (JUMPS), the Retired Pay Systems, the Reserve component pay systems, and the civilian pay systems. To maintain a record of current address for pay related matters and bonds.</p> <p>3. ROUTINE USES: Information may be disclosed to the General Accounting Office to provide financial information; Federal, State, and local courts for tax and welfare purposes; U.S. treasury to provide information on bonds purchased; and to the Department of Justice in some cases for criminal prosecution, civil litigation, or investigative purposes.</p> <p>4. DISCLOSURE: Voluntary; however, failure to provide the requested information as well as the SSN may result in a delay in receipt of funds, Leave and Earnings Statement, Net Pay Advices, and miscellaneous pay-related documents.</p>						
<p>Complete section 1 to change your mailing or organizational address for pay related items. Complete Section 2 to change the mailing address for some or all of your payroll deduction U.S. Savings Bonds. Civilian employees do not use Section 2 for bonds.</p>						
SECTION 1						
NAME		SSN		CHECK ONE: AD <input checked="" type="checkbox"/> RET <input type="checkbox"/> CIV <input type="checkbox"/> GUARD/RES <input type="checkbox"/>		
NEW MAILING ADDRESS						
NUMBER, STREET, PO BOX						
CITY, STATE, ZIP, APO/FPO						
NEW ORGANIZATIONAL ADDRESS						
UNIT/OFFICE SYMBOL		DUTY PHONE	BOX NO	RNLTD	DEPARTURE DATE	
GRADE		LOCAL ADDRESS			HOME PHONE	
FORWARDING ADDRESS						
SECTION 2						
ADDRESS CHANGE FOR PAYROLL DEDUCTION BONDS						
B O N D #1	<p style="text-align: center;">NEW</p> <p><input type="checkbox"/> (CHECK HERE IF THE SAME MAILING ADDRESS AS IN SECTION 1 AND COMPLETE FIRST BLOCK BELOW)</p>			B O N D #2	<p style="text-align: center;">NEW</p> <p><input type="checkbox"/> (CHECK HERE IF THE SAME MAILING ADDRESS AS IN SECTION 1 AND COMPLETE FIRST BLOCK BELOW)</p>	
	NAME TO WHOM MAILED				NAME TO WHOM MAILED	
	NUMBER, STREET, PO BOX				NUMBER, STREET, PO BOX	
CITY, STATE, ZIP, APO/FPO			CITY, STATE, ZIP, APO/FPO			
B O N D #3	<p style="text-align: center;">NEW</p> <p><input type="checkbox"/> (CHECK HERE IF THE SAME MAILING ADDRESS AS IN SECTION 1 AND COMPLETE FIRST BLOCK BELOW)</p>			B O N D #4	<p style="text-align: center;">NEW</p> <p><input type="checkbox"/> (CHECK HERE IF THE SAME MAILING ADDRESS AS IN SECTION 1 AND COMPLETE FIRST BLOCK BELOW)</p>	
	NAME TO WHOM MAILED				NAME TO WHOM MAILED	
	NUMBER, STREET, PO BOX				NUMBER, STREET, PO BOX	
CITY, STATE, ZIP, APO/FPO			CITY, STATE, ZIP, APO/FPO			
SIGNATURE OF MEMBER/EMPLOYEE					DATE	

AF Form 1745, NOV 90 (Word 6.0)

PREVIOUS EDITION WILL BE USED

MILITARY PAY ENTITLEMENT RECERTIFICATION



NAME: _____ RANK: _____ SSN: _____
 DUTY LOCATION: _____ DUTY PHONE #: _____
 PORT CALL DATE: _____ FINAL OUT DATE: _____

FILL OUT ALL AREA'S THAT APPLY

1. I RECEIVE BAH/OHA:
 - ☐ N/A ON-BASE HOUSING
 - ☐ WITHOUT DEPENDANT
 - ☐ WITH DEPENDANT
 - ☐ DORM RATE
 - ☐ BAH-DIFF

2. I CURRENTLY RESIDE IN:
 - ☐ DORMITORY
 - ☐ ON-BASE HOUSING
 - ☐ OFF-BASE HOUSING
 - ☐ TEMPORARY LODGING (ON/OFF BASE)

3. I AM CURRENTLY:
 - ☐ SINGLE
 - ☐ SINGLE, CLAIMING DEPENDENT(S)
 - ☐ DIVORCED (DATE OF DIVORCE _____)
 (IF DIVORCED) I HAVE:
 - ☐ SOLE CUSTODY ☐ JOINT CUSTODY ☐ LIMITED CUSTODY
 - I PAY \$ _____ PER MONTH FOR CHILD SUPPORT.
 - ☐ MARRIED TO CIVILIAN
 - ☐ MARRIED TO MILITARY
 - SPOUSE'S NAME: _____ SSN: _____ RANK: _____
 - BRANCH OF SERVICE: _____ DUTY LOCATION: _____

4. DATE ARIVED IN LOCAL AREA _____.

5. DATE DEP(S) ARIVED IN LOCAL AREA _____.

6. I CERTIFY THAT I HAVE _____ DEP(S) RESIDING IN THE LOCAL AREA.

IF ALL DEP(S) ARE IN THE CONUS, LIST CITY, STATE, AND ZIP CODE.

DEPENDENTS NAME	RELATIONSHIP	DOB	PHYSICAL ADDRESS

I WILL NOTIFY MY FINANCE OFFICE OF ANY CHANGES TO MY STATUS, MARITAL STATUS, DEPENDENCY, OR RESIDENTIAL (TO INCLUDE EARLY RETURN OF DEPENDENTS TO CONUS). FAILURE TO DO SO MAY RESULT IN PAYROLL DEDUCTION. INITIALS _____

SIGNATURE: _____ DATE: _____

Privacy Act of 1974 as amended applies to this document. Personal information must be safeguarded at all time. Discloser of personal information is mandatory for purpose of final payment from the United States Air Force. The information will be used to access your military pay record.

FINANCE RETIREMENT/SEPARATION OUT-PROCESSING INFORMATION

<p>MYPAY For all members that are SEPARATING, please log into MYPAY once every 90 days so the system doesn't lock you out. MYPAY is where your W2 will be issued. Once you have received your W2, your MYPAY account will be obsolete. For members RETIRING, your MYPAY automatically will flip to Retiree MyPay, using the same user name and pin. Be sure that you make all changes to your record via MyPay, or call DFAS-CL directly at 1-800-321-1080.</p>	<p>FINAL PAY The final paycheck DOES NOT come on a regular pay day. Please be prepared to see your final check 20 days AFTER your DOS. The final LES will be \$0.00. This does not mean that you are not receiving a final check. All final pays are manually computed and then posted to your pay account.</p>
<p>MEMBERS RETIRING/SEPARATING FROM RAMSTEIN AB (OVERSEAS OUT) There will be NO finance records to pick-up. Member's file separate AF IMT 988's for PTDY and Terminal Leave. Terminal Leave numbers will be assigned by Ramstein Finance office ONLY, prior to the first day of leave. If PTDY and Terminal Leave are taken in conjunction with each other, then prior to the first day of PTDY. If member is only taking PTDY, leave numbers will be assigned at the orderly room, unless taking PTDY through DOS, then Ramstein Finance office will assign leave number. If member remains in local area, then all overseas allowances continue until DOS. Final pay will be computed and EFT by Air Force Financial Services Center. Payment can't be deposited until after the DOS. Please pay no attention to your last LES during the month of retirement or separation. Your LES will not be accurate to your final pay.</p>	<p>TRAVEL SETTLEMENTS RAMSTEIN AB (OVERSEAS OUT) Overseas Out members will file their PCS voucher with Ramstein Finance office. There is NO DLA paid on final move. Members retiring have 1 year to complete travel. This can be extended through TMO. Members separating have 6 months to complete travel unless otherwise stated on orders. For Overseas Out members, you will mail your final PCS voucher to: <div style="text-align: center;">86 CPTS/FMFC Unit 3185 Box 315 APO AE 09094-0315</div> Include with your voucher: DD Form 1351-2, copy of orders/amendments, airline tickets, lodging receipts at port, and receipts for any expenses over \$75.00.</p>
<p>SELLING LEAVE -Make sure all leave you have taken is posted on MMPA and LeaveWeb. A maximum of 60 days may be sold during career. Leave is automatically included in final pay computation. Leave sold is taxed at 25% for FITW and is subject to state taxes if applicable. How much money will I receive for my leave sold? Divide your base pay by 30, then multiply by number of days sold. Then deduct taxes for FITW and SITW. These taxes are one time entitlement taxes. Taxes vary from state to state.</p>	<p>ALLOTMENTS/DIRECT DEPOSIT Retirees need to make adjustments to their Allotments/Direct Deposit/Taxes at least 30 days prior to their Retirement date. All allotments will carry forward into Retirement, except for Charity allotments. Retired pay is paid on the first the following month. Allotments for members separating will automatically stop the month prior to DOS month.</p>
<p>TEMPORARY LODGING ALLOWANCES (TLA) TLA is settled at Vogelweh Housing or the Satellite Office PRIOR to departure. Take your lodging receipt and orders to housing and fill out AF Form 1357. Entitlement is 3-10 days depending on whether you reside on or off base. After retiring or separating the member is no longer authorized TLA. (See Housing Office for further details).</p>	<p>OUT PROCESSING CHECKLIST/ORDERS Please make sure to finish your checklist and turn in both your checklist and orders. You do not need to make an appointment to turn in papers. Finance will also need a copy of orders with your Port Call Date separate from your Separation Work File.</p>
<p>DEBTS All debts need to be paid off prior to or by separation. SRB recoupment is automatically done at separation. The most common debt that members forget about is the security deposit that they chose to defer until their DEROS. You will obtain the money back from the landlord, exchange it at the bank, and bring U.S. currency, check, or money order into finance. Our technicians will process a collection and clear your debt off your record. What happens if I don't pay off my debts? Your final pay will offset the debt. If you separate with a debt after the offset, then out-of-service debts (DFAS) will contact you. If you do not see a final pay 30 days after DOS, you may contact Out of Service Debts at 1-866-912-6488.</p>	<p>CONTACT INFORMATION E-MAIL: 86CPTS.FINANCE@RAMSTEIN.AF.MIL Please email all questions and travel voucher inquiries to the above email address.</p>

I HAVE READ AND FULLY UNDERSTAND THE INFORMATION STATED ABOVE

NAME: _____ **SIGNATURE:** _____ **DATE:** _____