

# MILITARY PAY ORDER

MILITARY PAY ORDER NO.

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ORGANIZATION AND STATION

DATE

**TO** DISBURSING OFFICER:  
YOU ARE HEREBY AUTHORIZED TO OPEN, ADJUST OR CLOSE, AS INDICATED, THE PAY RECORDS OF THE INDIVIDUALS LISTED BELOW.

PERSONAL IDENTIFIER/SSN	LAST NAME - FIRST NAME - MIDDLE INITIAL	REASON FOR CHANGE	YEAR	
			FROM -	TO -
				
				
				
				
				

**SYMBOL** NO. (Entered by D.O.)

TYPED NAME AND GRADE OF CERTIFYING OFFICER

SIGNATURE OF CERTIFYING OFFICER