

PAYROLL RECORD

The proponent agency of this form is DCSPER

| NO. | NAME OF PAYEE | SSN | RANK | RATE | DRILLS ATTENDED | WARRANTED AMOUNT |
|-----|---------------|-----|------|------|-----------------|------------------|
| | | | | | | |

I certify that the entries above are correct and that the personnel attended the training sessions as indicated.

 Commanding

UNIT _____
ADDRESS _____

FINANCE SECTION, HQOHMR

CHECKED BY: _____