

# REIMBURSEMENT FOR TELEPHONE/CABLEVISION RECONNECTION FEES

(AR 210-50 / AR 37-1)

**PRIVACY ACT STATEMENT:** AUTHORITY - 5 USC 552A / AR 37-1 / AR 210-50. PRINCIPAL PURPOSE - TO PROVIDE INFORMATION NECESSARY TO OBTAIN A REIMBURSEMENT FOR FEES CHARGED FOR TELEPHONE / CABLEVISION RECONNECTION. ROUTINE USES - THE INFORMATION IS REVIEWED AND MAINTAINED BY THE DAO-ACC. PAY OFFICE FOR USE IN ASSISTING MILITARY PERSONNEL IN OBTAINING REIMBURSEMENT OF FEES. DISCLOSURE OF INFORMATION - VOLUNTARY; HOWEVER, NON DISCLOSURE MAY RESULT IN DELAY OR NON-REIMBURSEMENT OF FEES.

NAME		RANK
UNIT		SSN
MAILING ADDRESS		
CITY	STATE	ZIP
TELEPHONE NUMBER	SIGNATURE	

## REQUEST REIMBURSEMENT FOR:

<input type="checkbox"/>	TELEPHONE RECONNECTION FEES <small>(CENTEL / SPRINT Paid Statement must be attached)</small>	\$	_____
<input type="checkbox"/>	CABLEVISION RECONNECTION FEES <small>(GENCOM Paid Statement must be attached)</small>	\$	_____
TOTAL		\$	_____

## TYPE OF MOVE (check one)

(1) INSTALLATION
  (2) UNIT

- 1 INSTALLATION MOVE - SEND THIS FORM THRU DPW, REAL PROPERTY BRANCH TO DPW BUDGET
- 2 UNIT MOVE - SEND THIS FORM THRU DIVISION COMPTROLLER OR FMO TO G3 / DTPM RESOURCE MANAGEMENT DIVISION.

<b>OLD BUILDING NUMBER</b>	<b>OLD ROOM NUMBER</b>	<b>DPW USE ONLY</b>
<b>NEW BUILDING NUMBER</b>	<b>NEW ROOM NUMBER</b>	<input type="checkbox"/> VALID <input type="checkbox"/> INVALID <small>(Return to Company Commander)</small> _____ <small>Verifier</small>

I, THE UNDERSIGNED HEREBY CERTIFY THAT THIS MOVE IS AUTHORIZED BY THE

INSTALLATION     UNIT  
(mark one)

AND THE ABOVE NAMED INDIVIDUAL IS AUTHORIZED REIMBURSEMENT FOR THE RECONNECTION FEES MARKED BELOW

TELEPHONE     CABLEVISION     BOTH  
(mark all that apply)

COMMANDER	DATE
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FUND CERTIFICATION (DPW OR G3 BUDGET)  
ACCOUNTING CLASSIFICATION

SIGNATURE	DATE
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