Name _____

Army serial No. _____

Grade _____

Years of service _____
(On date of opening this book)

Insurance, amount and class___ $_____

Insurance premium, monthly_ $_____

Allotments, amount and class____$_____

Compulsory allotments, amount and class_____ $_____

Pay reservation, class A_____ $_____

Technician grade _____

Additional pay for _____

Person to be notified in case of emergency:

_____
(Name)

_____
(Relationship; if friend, so state)

_____
(Number and street or rural route; if none, so state)

_____
(City, town, or post office) (State or country)

Date of opening this book _____

_____
(Signature of enlisted man. Name, grade, and arm or service only. Do *not* enter organization)

Witness to signature by officer preparing book:

_____
(Signature—Name, grade, and arm or service only. Do *not* enter organization)

(2)

16—28144-1

(7)

Date from and to—	DEDUCTION					DISBURSING OFFICERS				Name, grade, and arm or service only of personnel officer or detachment commander
	Government insurance class —	Allotment class E	Compulsory allotment class —	Pay reservation class A	Net amount paid	Voucher No.	Month	Name, grade, and arm or service only		

(4)

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(5)