INCENTIVE PAYMENT AUTHORIZATION

(The proponent is ANC/MPPO.)

NAME	SSAN	UNIT	BONUS CONTROL NUMBER

TYPE OF BONUS	VARIABLE CODE	INSTALLMENT NUMBER	TYPE OF PAYMENT (Check one)
			☐ INITIAL ☐ ANNIVERSARY
TOTAL BONUS AMOUNT	**PAYMENT DUE DATE**	**AMOUNT OF THIS PAYMENT**	**AMOUNT OF NEXT PAYMENT**

TO: COMMANDER _____ DATE: _____
(Unit)

Please complete the following endorsement and return to CBPO. If you do not recommend above individual for bonus payment, indicate cause and attach supporting documentation.

TO: _____ /DP EH DATE: _____

MEMBER IS A SATISFACTORY PARTICIPANT AND IS PERFORMING TRAINING IN A SATISFACTORY MANNER RECOMMEND PAYMENT BE MADE.

☐ MEMBER IS TO BE TERMINATED FROM BONUS PARTICIPATION EFFECTIVE: _____
(Date)

☐ CAUSE FOR TERMINATION IS: _____

_____

_____

_____
COMMANDER

TO: _____ /COMPTROLLER DATE: _____

INDIVIDUAL HAS BEEN FOUND ELIGIBLE FOR ABOVE PAYMENT. SUBMIT FOR INDICATED PAYMENT AS SOON AS POSSIBLE.

_____
CAREER AND EDUCATION MANAGER

TO: _____ /DP EH DATE: _____

PAYMENT REQUEST WAS SUBMITTED ON: _____

_____
COMPTROLLER

(This form will also be used to document a Commander's request to end enrollment in the bonus program.)

(REPLACES NGB FORM 38-4 DATED 1 MAR 90 WHICH IS OBSOLETE.)