

**INCENTIVE BONUS
CASE FILE COVER SHEET**

NAME _____	SSAN _____	UNIT _____
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(NPS) (PS) ENLISTMENT/REENLISTMENT EXTENSION DATE _____

TYPE BONUS AMOUNT - CASH \$1,000 \$750 \$500 PSEB / REENL \$450 \$900

BONUS CONTROL NO. _____

DATE RECEIVED 3-LVL / COMPL IADT _____

DATE FWD TO COMPTROLLER _____

DATE RECD FM COMPTROLLER _____

DATE 1ST PAYMENT DUE _____

DATE FWD TO COMDR _____

DATE RECD FM COMDR _____

DATE FWD TO COMPTROLLER _____

DATE RECD FM COMPTROLLER _____

AMOUNT DUE _____

DATE 3RD PAYMENT DUE _____

DATE FWD TO COMDR _____

DATE RECD FM COMDR _____

DATE FWD TO COMPTROLLER _____

DATE RECD FM COMPTROLLER _____

AMOUNT DUE _____

DATE 5TH PAYMENT DUE _____

DATE FWD TO COMDR _____

DATE RECD FM COMDR _____

DATE FWD TO COMPTROLLER _____

DATE RECD FM COMPTROLLER _____

AMOUNT DUE _____

DATE 2ND PAYMENT DUE _____

DATE FWD TO COMDR _____

DATE RECD FM COMDR _____

DATE FWD TO COMPTROLLER _____

DATE RECD FM COMPTROLLER _____

AMOUNT DUE _____

DATE 4TH PAYMENT DUE _____

DATE FWD TO COMDR _____

DATE RECD FM COMDR _____

DATE FWD TO COMPTROLLER _____

DATE RECD FM COMPTROLLER _____

AMOUNT DUE _____

DATE 6TH PAYMENT DUE _____

DATE FWD TO COMDR _____

DATE RECD FM COMDR _____

DATE FWD TO COMPTROLLER _____

DATE RECD FM COMPTROLLER _____

AMOUNT DUE _____

REMARKS: