

## INCENTIVE PAYMENT AUTHORIZATION

(The proponent is ANC/MPPO)

NAME		SSAN	UNIT	BONUS CONTROL NUMBER
TYPE OF BONUS	VARIABLE CODE	INSTALLMENT NUMBER		TYPE OF PAYMENT <i>(Check one)</i> <input type="checkbox"/> INITIAL <input type="checkbox"/> 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: \_\_\_\_\_  
*(Date)*

\_\_\_\_\_  
 COMPTROLLER