

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 2ND 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 4TH 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 6TH PAYMENT DUE _____						
DATE FWD TO COMDR _____						
DATE RECD FM COMDR _____						
DATE FWD TO COMPTROLLER _____						
DATE RECD FM COMPTROLLER _____						
AMOUNT DUE _____						

REMARKS: