

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

Defense Finance and Accounting Service

[Appropriate Office/Department]

[Office Address]

[City, State, Zip Code]

Subject: Appeal for [Specify the Issue, e.g., Claim Denial, Overpayment, etc.]

DFAS Case Number: [Insert Case Number]

Dear [Recipient's Name or "To Whom It May Concern"],

I am writing to formally appeal the decision regarding [briefly explain the issue, e.g., the denial of my claim for benefits, the determination of overpayment, etc.] as outlined in your letter dated [insert date of the letter].

[Provide a detailed explanation of the circumstances surrounding your case. Include any relevant facts, dates, and documents that support your appeal. Clearly state why you believe the original decision was incorrect.]

I respectfully request that you review the information provided and reconsider your decision. I have enclosed [list any documents you are including, such as supporting evidence, forms, etc.].

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your Rank/Service Number (if applicable)]

[Additional Contact Information (if necessary)]