

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

Defense Finance and Accounting Service

[DFAS Address]
[City, State, Zip Code]

Subject: Claim Submission for [Type of Claim - e.g., Travel
Reimbursement, Pay Adjustment, etc.]

Dear DFAS Claims Department,

I am writing to formally submit a claim regarding [briefly state the purpose of your claim, e.g., a discrepancy in my pay, reimbursement for travel expenses, etc.].

My details are as follows:

- Full Name: [Your Full Name]
- Social Security Number: [Your SSN]
- Branch of Service: [Your Branch]
- Claim Number (if applicable): [Your Claim Number]

The details of my claim are as follows:

[Provide a concise description of the claim, including relevant dates, amounts, and any supporting documentation attached. Be specific about what you are claiming and why.]

I have attached the following documents to support my claim:

1. [Document Name/Description]
2. [Document Name/Description]
3. [Document Name/Description]

I appreciate your attention to this matter and request a timely review and response regarding my claim. If you require any additional information or documentation, please do not hesitate to contact me at [Your Phone Number] or [Your Email].

Thank you for your assistance.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]