

ANS

DIRECT DEPOSIT

WAIVER REQUEST FORM

Attention All Travelers ...

I request a waiver of having my travel voucher payment sent to my financial institution. I have cited a reason and provided a justification below. I understand that my first and second line supervisor must sign off on this form, and that final approval will be given by the manager of the AFM-330 organization in headquarters. Please complete all information to be considered for a waiver.

Section 1: Employee Information

Employee Name (please print and sign) Eugene McCoy <i>Eugene McCoy</i>		Organization and Routing Symbol: AEA-FSDO-05
Facility Address: 961 Marcon Blvd., Suite 111 APB <i>Allentown, PA 18109</i>	Work Telephone Number: (610) 264-2888 x 235	Date: 08/31/2005

Section 2: Reason for Waiver (*see next page)

<input checked="" type="checkbox"/> Imposes a hardship	<input type="checkbox"/> Infrastructure in a foreign country	<input type="checkbox"/> Disaster area
<input type="checkbox"/> Military operation	<input type="checkbox"/> National emergency	<input type="checkbox"/> National security
<input type="checkbox"/> Payment is non-recurring		

Section 3: Justification for Waiver

accounting hardship

Section 4: Approvals

First Line Supervisor (please print and sign) Donald Borda <i>Donald Borda</i>	Phone Number (610) 264-2888 x 201	Date 09/01/2005
Second Line Supervisor (please print and sign) George Wadsworth IV <i>George Wadsworth IV</i>	Phone Number (610) 264-2888 x 200	Date 09/01/2005
Office of Financial Management <i>Martin H. Sulzberger</i>	<input checked="" type="checkbox"/> Approve	<input type="checkbox"/> Deny
		Date <i>9/22/05</i>