PAYING AGENT RECEIPT CONTROL AND CASH ACCOUNTABILITY JOURNAL

For use of this form, see AR 195-4; the proponent agency is CID.

1. DEBIT CARD NUMBER

2. TRANSACTION NUMBER	3. DATE *(YYYYMMDD)*	4. PRINTED NAME OF RECIPIENT SIGNATURE OF RECIPIENT	5. CASH ISSUED	6. CASH RETURNED	7. USD CASH ON HAND BALANCE	8. FOREIGN CASH ON HAND BALANCE	9. CARD ACCOUNT BALANCE	10. REMARKS

14. SUMMARY

11. PAYING AGENT OR CARD HOLDER	a. TYPED OR PRINTED NAME, GRADE & TITLE	b. SIGNATURE	c. DATE *(YYYYMMDD)*
12. APPROVING OFFICER	a. TYPED OR PRINTED NAME, GRADE & TITLE	b. SIGNATURE	c. DATE *(YYYYMMDD)*
13. CERTIFYING AND APPROVING OFFICER	a. TYPED OR PRINTED NAME, GRADE & TITLE	b. SIGNATURE	c. DATE *(YYYYMMDD)*