

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) _____		Organization and Routing Symbol: _____
Facility Address: _____	Work Telephone Number: _____	Date: _____

Section 2: Reason for Waiver (*see below)

<input 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

_____ _____ _____

Section 4: Approvals

First Line Supervisor (please print and sign) _____	Phone Number	Date	
Second Line Supervisor (please print and sign) _____	Phone Number	Date	
Office of Financial Management	<input type="checkbox"/> Approve	<input type="checkbox"/> Deny	Date

* <http://www.gpoaccess.gov/cfr/retrieve.html>, Title 31, Part 208, Section 4