Figure A7.C6.F1. Request for Resolution of Problem Disbursement in Excess of \$2,500

Section 1 – Overview

Request Submission Date:

Implementing Agency:

The following supply and services complete FMS case is hereby submitted to DSCA Comptroller for resolution of a problem disbursement in excess of \$2,500 as detailed below.

	(Organization Name)		
	Implementing Agency Point of Contact	Name:	
		Phone:	
		E-mail:	
	Case Identifier:		
	(Country/IA/Identifier (XX-X	X-XXX))	
	Supply/Services Completion (MM/YYYY)	Date:	
	Amount of Problem Disbursement:		
	ion 2 – Detailed Information 1. Summary of Issue		
2	2. Actions Taken		

3. Other Relevant Information	
ection 3 – Authoritative Guidance	
DoD FMR Volume 3, Chapter 11, Sections	37 - 8
Other:	<u>, </u>
ction 4 - Approval	
	A USE ONLY
☐ Concur – Request is approved	
☐ Non-concur with the following remarks:	
- 1.51. Solica: Wall the following femalias.	
	<signature></signature>
	Comptroller