



## REPORT OF NON-RECEIPT OF PAYMENT

**NOTE - This form must be filled out in ink or on a typewriter/computer, as it becomes a permanent record in the veteran's folder.**

1. LAST NAME - FIRST NAME - MIDDLE NAME OF VETERAN <i>(Type or print)</i>		2. VA OFFICE	3. IDENTIFICATION NUMBERS <i>(C, XC, SS, XSS, V, K, etc.)</i>	
4. DATE OF CONTACT <i>(Month, day, year)</i>				
5. ADDRESS OF VETERAN <i>(Include number and street or rural route, city or P.O., State and ZIP Code)</i>			6. TELEPHONE NUMBER OF VETERAN <i>(Include Area Code)</i>	
			DAY ( )	
			EVENING ( )	
			CELL ( )	
7. E-MAIL ADDRESS <i>(If applicable)</i>		8. PERSON WHO CONTACTED YOU		9. TYPE OF CONTACT <i>(Check)</i> <input type="checkbox"/> PERSONAL <input type="checkbox"/> TELEPHONE
10. ADDRESS OF PERSON WHO CONTACTED YOU			11. TELEPHONE NUMBER OF PERSON WHO CONTACTED YOU <i>(Include Area Code)</i>  ( )	

12. I verified the identity of the caller as being the veteran/beneficiary/claimant/fiduciary by obtaining the following (place an "X" or check mark employee who is authorized to receive information (38 CFR 3.217)

Check ( <input checked="" type="checkbox"/> )	THE VETERAN	Check ( <input checked="" type="checkbox"/> )	THE BENEFICIARY <i>(i.e., DIC, Death Pension, Ch. 35, or Apportion)</i>	Check ( <input checked="" type="checkbox"/> )	ANOTHER CLAIMANT
	Claim Number or SSN		Veteran's Claim Number or SSN		Veteran's Claim Number or SSN
	Full Name		Veteran's Full Name		Veteran's Full Name
	Branch of Service		Veteran's Branch of Service		Veteran's Branch of Service
	Entry OR Release Service Dates <i>(mm/yyyy)</i>		Beneficiary's Full Name		Claimant's Full Name
			Beneficiary's SSN		Claimant's Address
For change of address/direct deposit, you must also ask the following:		For change of address/direct deposit, you must also ask the following:			
	Address of Record		Address of Record		
	Type of Benefit (Claimed or in receipt of)		Type of Benefit (Claimed or in receipt of)		
	Current Check Amount		Current Check Amount		
If dependents are of record:		If dependents are of record:			
	Name and SSN or Spouse OR		Name and SSN or Spouse OR		
	Name and birthday of one child		Name and birthday of one child		

13. THE FOLLOWING STATEMENT WAS READ TO CALLER   
If the original check is found or received, you must return the original check to the Treasury Department and await receipt of the replacement check. If both checks are negotiated, then you will be responsible for the duplicate payment. You will receive a letter from the Debt Management Center with instructions concerning collection.

14. CADD WAS DONE <input type="checkbox"/> YES <input type="checkbox"/> NO		15. PAYMENT WAS ISSUED VIA <input type="checkbox"/> PAPERCHECK <input type="checkbox"/> BDN <input type="checkbox"/> VETSNET Amount of payment: \$ _____	
16. DATE OF MISSING PAYMENT	17. TYPE OF PAYMENT <input type="checkbox"/> REGULAR <input type="checkbox"/> RETRO <input type="checkbox"/> IRREGULAR		18. IF PAPER CHECK WAS THE CHECK STOLEN/ENDORSED? <input type="checkbox"/> YES <input type="checkbox"/> NO

DIVISION OR SECTION	EXECUTED BY <i>(Signature and Title)</i>
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### TO BE COMPLETED BY FINANCE ONLY

RUPD INPUT DATE	REGIONAL OFFICE	SIGNATURE
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I read the following summary of the Privacy Act statement to the caller:  
"I am a VA employee who is authorized to receive or request evidentiary information or statements that may result in a change in your VA benefits. The primary purpose for gathering this information or statement is to make an eligibility determination. It is subject to verification through computer matching programs with other agencies."

**PRIVACY ACT NOTICE:** The VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 5, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22/28 Compensation, Pension, Education and Vocational Rehabilitation-VA, and published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.  
**RESPONDENT BURDEN:** We need this information to obtain evidence in support of your claim for benefits (38 U.S.C. 501(a) and (b)). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 5 minutes to respond to the questions on this form. VA cannot conduct or sponsor a collection of information unless a valid OMB number is displayed. Valid OMB control numbers can be located on the OMB Internet Page at [www.whitehouse.gov/omb/OMBINV.VA.EPA.html#VA](http://www.whitehouse.gov/omb/OMBINV.VA.EPA.html#VA). If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.