

IHA INVOICE		1. INVOICE DATE	2. INVOICE NUMBER
3. TO: MOD/LMO (ADD ADDRESS)		4. FROM	
5. PAYROLL PERIOD		6. ARMY	NAVY AIR FORCE MARINE CORPS AAFES
7. PAYROLL NUMBER			
NO.	8. ITEMS	YEN AMOUNT	NO. OF EMPLOYEES
a.	USFJ DIFFERENTIAL (DIF)		
b.	LANGUAGE ALLOWANCE (LA)		
c.	TERMINATION ALLOWANCE (EXCEEDING COMPARATIVE TERMINATION ALLOWANCE) (CTA)		
d.	COST IMPACT OF USFJ DIF & LA		
(1)	ADDITIONAL SCHEDULE PAY		
(2)	OVERTIME PAY		
(3)	NIGHT DIFFERENTIAL		
(4)	NON-WORK ALLOWANCE		
(5)	POSITION CONVERSION ALLOWANCE		
(6)	DISCHARGE ALLOWANCE		
e.	COST IMPACT OF LA		
(1)	HOLIDAY PAY		
(2)	REMOTE AREA ALLOWANCE		
(3)	SPECIAL WORK ALLOWANCE		
f.	COST IMPACT OF FIXED ALLOWANCE		
(1)	SUMMER ALLOWANCE		
(2)	YEAR-END ALLOWANCE		
(3)	COLD AREA ALLOWANCE		
(4)	PRO RATA BONUS FOR EMPLOYEES AFFECTED BY RIF		
g.	IMPACT OF USFJ DIF ON DAILY EMPLOYEE WAGE		
h.	COST OF ANNUAL LEAVE		
(1)	BASE PAY		
(2)	ADJUSTMENT ALLOWANCE		
(3)	FAMILY ALLOWANCE		
(4)	REMOTE AREA ALLOWANCE (EXCEPT FOR IMPACT OF LA)		
(5)	HOUSING ALLOWANCE		
(6)	ADDITIONAL SCHEDULE PAY (EXCEPT FOR IMPACT OF LA AND USFJ DIF)		
i.	EXPENDITURES UNDER SPECIAL AGREEMENT		
(1)	BASE PAY		
(2)	DAILY WAGE OF DAILY EMPLOYEES		
(3)	SPECIAL TERM EMPLOYEES SALARY		
(4)	HOURLY PAY TEMPORARY EMPLOYEES HOURLY PAY		
(5)	THEATER PERSONNEL WAGE		
(6)	ADJUSTMENT ALLOWANCE		
(7)	DISCHARGE ALLOWANCE		
(8)	FAMILY ALLOWANCE		
(9)	REMOTE AREA ALLOWANCE		
(10)	SPECIAL WORK ALLOWANCE		
(11)	SUMMER ALLOWANCE		
(12)	YEAR-END ALLOWANCE		
(13)	COLD AREA ALLOWANCE		

NO.	8. ITEMS	YEN AMOUNT	NO. OF EMPLOYEES
(14)	TERMINATION ALLOWANCE		
(15)	PRO RATA BONUS FOR EMPLOYEES AFFECTED BY RIF		
(16)	COMMUTATION ALLOWANCE		
(17)	POSITION CONVERSION ALLOWANCE		
(18)	NIGHT DUTY ALLOWANCE		
(19)	HOUSING ALLOWANCE		
(20)	UNACCOMPANIED DUTY ALLOWANCE		
(21)	ADDITIONAL SCHEDULE PAY		
(22)	OVERTIME PAY		
(23)	HOURLY PAY TEMPORARY EMPLOYEES PREMIUM PAY		
(24)	HOLIDAY PAY		
(25)	NIGHT DIFFERENTIAL		
(26)	NON-WORK ALLOWANCE		
(27)	DAILY PAY AUTHORIZED FOR DUTY-CONNECTED ILLNESS OR INJURY FOR HOURLY PAY TEMPORARY EMPLOYEES		
J.	TOTAL		

I certify that the above invoice amount is true and correct and that payment therefore has not been received; that the amounts billed have been computed in accordance with the terms of the agreement and that all conditions applicable to the transaction have been complied with; that supporting documents used as a basis for computing amounts due are being maintained and are available for audit.

9. TYPED NAME & TITLE

10. SIGNATURE

INSTRUCTIONS FOR PREPARATION OF IHA INVOICE

1. GENERAL

An original and a copy of IHA Invoice will be forwarded to the LMO together with copies of applicable payroll forms completed. If the invoice is for termination allowance, two copies each of Statement of Termination Allowance and Official Notification of Personnel Action will be attached.

2. ENTRIES IN BLOCKS (Self-explanatory block omitted)

- a. Invoice Date: Enter date prepared.*
- b. Invoice Number: Enter invoice number assigned by each Article XV Organization, i.e., 79-1, 79-2, etc., for each Japanese fiscal year.*
- c. MOD/LMO (Add Address): Enter the name and address of the LMO.*
- d. From: Enter the name and address of applicable IHA Organization.*
- e. Payroll Period: Enter the period worked, e.g., "19970801-19970831".*
- f. Payroll Number: Enter the payroll number from Payroll to be attached to IHA Invoice.*
- g. Items (a thru i): Enter the amount of GOJ/MOD obligation in the block "YEN AMOUNT" for each item and the number of applicable employees in the block "NO. OF EMPLOYEES", respectively.*
- h. Typed Name & Title: Enter the name and title of the designated representative of IHA Organization.*
- i. Signature: To be signed by the properly designated official whose specimen signature is on file with the LMO.*