Search Results for "mocas-accs"

**MOCAS-ACCS**

The MOCAS-ACCS form is used for the submission of funds on contracts where the payment office is listed as MOCAS North (HQ0337), MOCAS South (HQ0338) or MOCAS West (HQ0339).

**Form Number:** MOCASACCS

**Agency:** Defense (DOD) Defense Finance & Accounting Service (DFAS)

View all forms for this agency

Continue to the Form

We're here to help!

- **Available**
  - Monday - Friday
  - 7 a.m. - 7 p.m. Eastern
  - Open

- **Send Us A Message**
  You will hear from us by the end of the next business day.

- **Call Us Toll Free**
  - Inside U.S.A. only
  - 800-624-1373

- **International Number**
  - Outside the U.S.A.
  - +1-216-579-2112
Submit a payment to DFAS Columbus

Attention - The Company Id for this payment has changed. If you are a first time user or a regular user of this form, please make sure this new company id is given to your company’s bank and the debit block is removed before filling out this form.

The new company id is 00006469N1.

Please avoid using your Enter key - this may lead to incomplete data being transmitted.

Please use the Submit Data button to submit your form.

Contact us: DFAS.DSCC.JAI.MBX.MOCAS-AR@MAIL.MIL

<table>
<thead>
<tr>
<th>Credit Invoice #</th>
<th>Shipment Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bill of Collection Number</td>
<td></td>
</tr>
<tr>
<td>Contract Number</td>
<td></td>
</tr>
<tr>
<td>Delivery Order Number</td>
<td></td>
</tr>
<tr>
<td>CAGE# *</td>
<td></td>
</tr>
<tr>
<td>Contractor Name*</td>
<td></td>
</tr>
<tr>
<td>Contractor Point of Contact*</td>
<td></td>
</tr>
<tr>
<td>POC Phone*</td>
<td></td>
</tr>
<tr>
<td>POC Email Address*</td>
<td></td>
</tr>
<tr>
<td>Address 1</td>
<td></td>
</tr>
<tr>
<td>Address 2</td>
<td></td>
</tr>
<tr>
<td>City*</td>
<td>State*</td>
</tr>
</tbody>
</table>

Total Payment Amount*

ACRN (600 character limit)

CLIN (600 character limit)

*You may enter multiple values separated by commas in the ACRN and CLIN fields

Description of Overpayment:
Include Applicable Shipment Number and MOCAS region (North, South, West) (1500 Character Limit)

Additional Data to be Submitted?  Yes  No

* - required field

Click here to view a sample contract  Click here to view a Glossary of terms

If ACRN/CLIN/Shipment information is voluminous you may choose to fax the supporting documents to: 216-367-3456

Please include the contract number/bill number with your fax or e-mail.

U.S. Treasury has established a maximum transaction amount for credit card payments made through Pay.gov of $24,999.99. If the amount you plan to pay exceeds this limit, you must choose ACH as your method of payment.

PDF Preview  Continue

WARNING WARNING WARNING

You have accessed a United States Government computer. Unauthorized use of this computer is a violation of federal law and may subject you to civil and criminal penalties. This computer and the automated systems which run on it are monitored. Individuals are not guaranteed privacy while using government computers and should, therefore, not expect it. Communications made using this system may be disclosed as allowed by federal law.

Note: This system may contain Sensitive But Unclassified (SBU) data that requires specific data privacy handling.
MOCAS-ACCS

Before You Begin 1 Complete Agency Form 2 Enter Payment Info 3 Review & Submit 4 Confirmation

Payment Information

Payment Amount: $

* I want to pay with my:
  ○ Bank account (ACH)
  ○ Debit or credit card

Next  Previous  Return to Form  Cancel

Need Help?
Contact: Customer Care Center
Email: Click to email
Phone: 800-756-4571 opt 1

WARNING WARNING WARNING

You have accessed a United States Government computer. Unauthorized use of this computer is a violation of federal law and may and the automated systems which run on it are monitored. Individuals are not guaranteed privacy while using government computer made using this system may be disclosed as allowed by federal law.

Note: This system may contain Sensitive But Unclassified (SBU) data that requires specific data privacy handling.

Enclosure Number 1
MOCAS-ACCS

Before You Begin
1. Complete Agency Form
2. Enter Payment Info
3. Review & Submit
4. Confirmation

Please provide the payment information below. Required fields are marked with an *.

* Payment Amount:

* Payment Date (mm/dd/yyyy)

* Account Holder Name

* Select Account Type

Select Account Type

* Routing Number

Routing Number

* Account Number

Account Number

* Confirm Account Number

Confirm Account Number

Need Help?

Contact: Customer Care Center
Email: Click to email
Phone: 800-756-4571 opt 1

Enclosure Number 1