

Submit a payment to DFAS Columbus



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: CCO-CAS-EFT-COLLECTIONS@DFAS.MIL

Credit Invoice # Shipment Number

Bill of Collection Number

Contract Number

Delivery Order Number

CAGE# *

Contractor Name*

Contractor Point of Contact*

POC Phone*

POC Email Address*

Address 1*

Address 2

City* State* ZIP*

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: 614-693-2597

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

Submit Data