Attachment 1 A

FY 2017 VERAs, VSIPs PROCESSING COSTS UNDER CONSOLIDATED APPROPRIATIONS ACT, 2017, P.L. 115-31
REMITTANCE REPORT FOR FY 2017 VERAs

		Remittance Date:
Reporting Entity:	POC Name:	
POC Email address:	POC Phone Number:	FY 2017 Retirement Month:
Funds submitted by: (Indicate IPAC, EFT or CHECK)	IPAC / EFT / CHECK — **FY 2017 VERAs**	_____ (MM/YYYY)

Payroll Office Number: (Column 1)	Agency Location Code: (Column 2)	Number of Covered Employees (Column 3)	Amount Submitted Column 3 x $127.86
FERS			
TOTALS (A)			$
CSRS			
TOTALS (B)			$
AMOUNT SUBMITTED			$

(Must Equal A + B)
(To Be Reproduced Locally)
(Use additional forms if needed)

I certify to the best of my knowledge, the accuracy and completeness of this Remittance Report.

_____   _____
            Signature   Name - Printed

FY 2017 VERAs, VSIPs PROCESSING COSTS UNDER CONSOLIDATED APPROPRIATIONS ACT, 2017, P.L. 115-31
REMITTANCE REPORT FOR FY 2017 VERAs

				Remittance Date:	
Reporting Entity:		POC Name:			
POC Email address:		POC Phone Number:		FY 2017 Retirement Month:	
Funds submitted by:	IPAC	FY 2017 VSIPs		_____ (MM/YYYY)	
	EFT				
(Indicate IPAC, EFT or CHECK)	CHECK				

Payroll Office Number: (Column 1)	Agency Location Code: (Column 2)	Number of Covered Employees (Column 3)	Amount Submitted Column 3 x $127.86
FERS			
TOTALS (A)			$
CSRS			
TOTALS (B)			$
AMOUNT SUBMITTED			$

(Must Equal A + B)

(To Be Reproduced Locally)

(Use additional forms if needed)

I certify to the best of my knowledge, the accuracy and completeness of this Remittance Report.

_____	_____
Signature	Name - Printed

Attachment 1 C

FY 2017 VERAs, VSIPs PROCESSING COSTS UNDER CONSOLIDATED
APPROPRIATIONS ACT, 2017, P.L. 115-31
REMITTANCE REPORT FOR FY 2017 VERAs

		Remittance Date:
Reporting Entity:	POC Name:	
POC Email address:	POC Phone Number:	FY 2017 Retirement Month:
Funds submitted by: (Indicate IPAC, EFT or CHECK)	IPAC EFT CHECK	**FY 2017 VERAs with VSIPs**	_____ (MM/YYYY)

Payroll Office Number: (Column 1)	Agency Location Code: (Column 2)	Number of Covered Employees (Column 3)	Amount Submitted Column 3 x $127.86
FERS			
TOTALS (A)			$
CSRS			
TOTALS (B)			$
AMOUNT SUBMITTED			$

(Must Equal A + B)
(To Be Reproduced Locally)
(Use additional forms if needed)

I certify to the best of my knowledge, the accuracy and completeness of this Remittance Report.

_____   _____
             Signature   Name - Printed