Attachment 1 A

FY 2015 VERAS, VSIPS PROCESSING COSTS UNDER CONSOLIDATION & FURTHER CONTINUING APPROPRIATIONS ACT, 2015, P.L. 113-235 REMITTANCE REPORT FOR FY 2015 VERAS

					Remittance Date:	
Reporting Entity:		POC Name	:			
POC Email address:	POC Phone	Number:	FY 2015 Retirement Month:			
	IPAC				(MM/YYYY)	
Funds submitted by:	EFT	FY 2015 \	/ERAs			
(Indicate IPAC, EFT or CHECK)	CHECK					
Payroll Office Number:	Agency Location	Code:	Number of Co	overed Employees	Amount Submitted	
(Column 1)	(Column 2)			(Column 3)	Column 3 x \$129.83	
			·	FERS		
TOTALS (A)					\$	
				CSRS		
TOTALS (B)		\$				
AMOUNT SUBMITTED		\$				
I certify to the best of my knowledge		(Must Equal A + B) (To Be Reproduced Locally) (Use additional forms if needed)				
Signature		_				

Attachment 1 B

FY 2015 VERAS, VSIPS PROCESSING COSTS UNDER CONSOLIDATION & FURTHER CONTINUING APPROPRIATIONS ACT, 2015, P.L. 113-235 REMITTANCE REPORT FOR FY 2015 VSIPS

				Remittance Date:	
Reporting Entity:		POC Name:	:		
POC Email address:		POC Phone	Number:	FY 2015 Retirement Month: (MM/YYYY)	
	IPAC				
Funds submitted by:	EFT	FY 2015 V	/SIPs		
(Indicate IPAC, EFT or CHECK)	CHECK				
Payroll Office Number:	Agency Location	Code:	Number of Covered Employees	Amount Submitted	
(Column 1)		Column 2)	(Column 3)	Column 3 x \$129.83	
		,	FERS		
TOTALS (A)	•			\$	
			CSRS		
TOTALS (B)	\$				
AAAOUNT CUDAAITTED					
AMOUNT SUBMITTED	\$ (Must Equal A + B)				
	(To Be Reproduced Locally)				
I certify to the best of my knowledge,	(Use additional forms if needed)				
Signature			Name - Printed		

Attachment 1 C

FY 2015 VERAS, VSIPS PROCESSING COSTS UNDER CONSOLIDATION & FURTHER CONTINUING APPROPRIATIONS ACT, 2015, P.L. 113-235 REMITTANCE REPORT FOR FY 2015 VERAS with VSIPS

				Ren	nittance Date:	
Reporting Entity:	POC Name	:		FY 2015 Retirement Month:		
POC Email address:	POC Phone	Number:	FY 2			
	IPAC				(MM/YYYY)	
Funds submitted by:	nds submitted by: EFT FY 2015 VERAs with VSIPs					
(Indicate IPAC, EFT or CHECK)	CHECK					
Payroll Office Number:	Agency Location Co	nde.	Number of Covered Emp	olovees Am	ount Submitted	
(Column 1)		olumn 2)	(Column 3		umn 3 x \$129.83	
		,	FERS	,		
TOTALS (A)	OTALS (A)					
			CSRS			
TOTALS (B)	\$					
AMOUNT SUBMITTED	\$					
				,_	(Must Equal A + B)	
I certify to the best of my knowledge		Be Reproduced Locally) e additional forms if needed)				
. co. my to the best of my knowledge	, the accuracy and comple		termitario ricporti	(030	. additional forms if ficeded)	
Signature		I	Name - Printed			