Attachment 1 A

FY 2013 VERAS, VSIPS PROCESSING COSTS PER P.L. 112-74

REMITTANCE REPORT FOR FY 2013 VERAS

				Remittance Date:
Reporting Entity:		POC Name:	-	
POC Email address:		POC Phone	Number:	FY 2013 Retirement Month:
	IPAC			(MM/YYYY)
Funds submitted by:	EFT	FY 2013 V	ERAs	
(Indicate IPAC, EFT or CHECK)	CHECK			
[1			T
Payroll Office Number: Agency Location			Number of Covered Employees	Amount Submitted
(Column 1)		(Column 2)	(Column 3)	Column 3 x \$101.89
			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 2013 VERAS, VSIPS PROCESSING COSTS PER P.L. 112-74

REMITTANCE REPORT FOR FY 2013 VSIPs

					Remittance Date:
Reporting Entity:		POC Name:	:		
POC Email address:		POC Phone Number:			FY 2013 Retirement Month:
	IPAC				(MM/YYYY)
Funds submitted by:	EFT	FY 2013 V	'SIPs		
(Indicate IPAC, EFT or CHECK)	CHECK				
Payroll Office Number:	Aganay Lagation	Codo	Number of Co	vered Employees	Amount Submitted
(Column 1)		gency Location Code: (Column 2)		(Column 3)	Column 3 x \$101.89
(Column 1)		(Column 2)		FERS	Column 3 x \$101.85
TOTALS (A)					\$
				CSRS	
TOTALS (B)					\$
AMOUNT CURMITTED					\$
AMOUNT SUBMITTED					(Must Equal A + B)
		(To Be Reproduced Locally)			
I certify to the best of my knowledge,	(Use additional forms if needed)				
Signature		_			

Attachment 1 C

FY 2013 VERAS, VSIPS PROCESSING COSTS PER P.L. 112-74

REMITTANCE REPORT FOR FY 2013 VERAs with VSIPs

				Remittance Date:	
Reporting Entity:					
OC Email address:		POC Phone	Number:	FY 2013 Retirement Month:	
	IPAC			(MM/YYYY)	
unds submitted by:	EFT	FY 2013 VERAs	with VSIPs	` '	
(Indicate IPAC, EFT or CHECK)	CHECK		Amount Submitted		
Payroll Office Number: Agency		on Code:		Number of Covered Employees	
(Column 1)		(Column 2)	(Column 3)	Column 3 x \$101.89	
			FERS		
OTALS (A)					
			CSRS		
OTALS (B)		\$			
_					
AMOUNT SUBMITTED	\$				
				(Must Equal A + B)	
	(To Be Reproduced Locally)				
certify to the best of my knowledge,	the accuracy and co	mpleteness of this Re	mittance Report.	(Use additional forms if needed)	
Signature Name - Printed			Name - Printed		