

U.S. Office of Personnel Management
Confirmation of Intragovernmental Account Balances
Fiscal Year 2000

General Information

1. Agency Name.....

2. Contact Name..... 3. Phone.....

4. email Address..... 5. Fax.....

6. Mailing Address.....

Account Balances

7. Actual Cash Disbursements/Outlays to OPM:

7a. Government Contributions for Retirement, Health Benefits and Life Insurance..... \$ -

7b. Other Cash Disbursements/Outlays, provide detail on attachment (e.g. VSIP or Transfer)..... \$ -

7c. Total Cash Disbursements/Outlays to OPM (7a + 7b)..... \$ -

8. Payable to OPM at 9/30/2000 (2213G.24):

8a. Government Contributions for Retirement, Health Benefits and Life Insurance..... \$ -
Indicate by an "X" if work days ___ or calendar days ___ were used

8b. Other - provide detail on attachment (e.g. VSIP payable or Transfer)..... \$ -

8c. Total Ending Payable to OPM (8a + 8b)..... \$ -

9. Payable to OPM at 9/30/1999 (2210G.24):

9a. Government Contributions for Retirement, Health and Life Insurance..... \$ -
Indicate by an "X" if work days ___ or calendar days ___ were used

9b. Other - provide detail on attachment (e.g. VSIP payable or Transfer)..... \$ -

9c. Total Beginning Payable to OPM (9a + 9b)..... \$ -

10. Lines 7c plus 8c minus 9c \$ -

11. Balance in 6400G.24 per FY 2000 FACTS Reporting..... \$ -

12. Difference (line 10 minus line 11)..... \$ -

13. Explanation for line 12 (Use additional attachments, if necessary)

Name and Signature of Preparer

14. Prepared by: Title:

15. I hereby certify that the amounts above agree with the amounts reported to Treasury in the FY 2000 FACTS I submission.

16. Signature: Date:

send email to (preferred):
Finance @opm.gov or mjfinuca@opm.gov

or send the original completed form by fax to:
U.S. Office of Personnel Management
Attn: Mike Finucan
Fax Number (202) 606-7944

Due to OPM on December 15, 2000

Retain copy at agency and submit original to OPM, 1900 E Street, Room 3H28, Washington DC, 20415, Attn: Mike Finucan