

Attachment 1 A

FY 2014 VERAs, VSIPs PROCESSING COSTS PER CONSOLIDATED APPROPRIATIONS ACT, 2014, P.L. 113-76

REMITTANCE REPORT FOR FY 2014 VERAs

Reporting Entity:		POC Name:		Remittance Date:	
POC Email address:		POC Phone Number:		FY 2014 Retirement Month:	
Funds submitted by: (Indicate IPAC, EFT or CHECK)		IPAC	FY 2014 VERAs	_____ (MM/YYYY)	
		EFT			
		CHECK			

Payroll Office Number: (Column 1)	Agency Location Code: (Column 2)	Number of Covered Employees (Column 3)	Amount Submitted Column 3 x \$91.37
FERS			
TOTALS (A)			\$
CSRS			
TOTALS (B)			\$
AMOUNT SUBMITTED			\$

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

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

Signature

Name - Printed

Attachment 1 B

FY 2014 VERAs, VSIPs PROCESSING COSTS PER CONSOLIDATED APPROPRIATIONS ACT, 2014, P.L. 113-76

REMITTANCE REPORT FOR FY 2014 VSIPs

Reporting Entity:		POC Name:		Remittance Date:	
POC Email address:		POC Phone Number:		FY 2014 Retirement Month:	
Funds submitted by: (Indicate IPAC, EFT or CHECK)		IPAC	FY 2014 VSIPs	____ (MM/YYYY)	
		EFT			
		CHECK			

Payroll Office Number: (Column 1)	Agency Location Code: (Column 2)	Number of Covered Employees (Column 3)	Amount Submitted Column 3 x \$91.37
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 2014 VERAs, VSIPs PROCESSING COSTS PER CONSOLIDATED APPROPRIATIONS ACT, 2014, P.L. 113-76

REMITTANCE REPORT FOR FY 2014 VERAs with VSIPs

Reporting Entity:		POC Name:		Remittance Date:
POC Email address:		POC Phone Number:		FY 2014 Retirement Month:
Funds submitted by: (Indicate IPAC, EFT or CHECK)	IPAC	FY 2014 VERAs with VSIPs		_____ (MM/YYYY)
	EFT			
	CHECK			

Payroll Office Number: (Column 1)	Agency Location Code: (Column 2)	Number of Covered Employees (Column 3)	Amount Submitted Column 3 x \$91.37
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