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

### REMITTANCE REPORT FOR FY 2017 VERAs

<table>
<thead>
<tr>
<th>Reporting Entity:</th>
<th>POC Name:</th>
<th>Remittance Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>POC Email address:</td>
<td>POC Phone Number:</td>
<td></td>
</tr>
<tr>
<td>Funds submitted by:</td>
<td>IPAC</td>
<td>FY 2017 VERAs</td>
</tr>
<tr>
<td>(Indicate IPAC, EFT or CHECK)</td>
<td>EFT</td>
<td></td>
</tr>
<tr>
<td></td>
<td>CHECK</td>
<td></td>
</tr>
</tbody>
</table>

### Payroll Office Number:

<table>
<thead>
<tr>
<th>Payroll Office Number: (Column 1)</th>
<th>Agency Location Code: (Column 2)</th>
<th>Number of Covered Employees (Column 3)</th>
<th>Amount Submitted Column 3 x $127.86</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>FERS</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>CSRS</td>
</tr>
<tr>
<td>TOTALS (A)</td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>TOTALS (B)</td>
<td></td>
<td></td>
<td>$</td>
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<tr>
<td>AMOUNT SUBMITTED</td>
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I certify to the best of my knowledge, the accuracy and completeness of this Remittance Report.

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FERS

| | | |
| | | |
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| | | |
| | | |
| | | |

TOTALS (A) $ |

CSRS

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| | | |
| | | |

| | | |
| | | |
| | | |

TOTALS (B) $ |

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

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