Attachment 1 A

FY 2016 VERAs, VSIPs PROCESSING COSTS UNDER CONSOLIDATED APPROPRIATIONS ACT, 2016, P.L. 114-113
REMITTANCE REPORT FOR FY 2016 VERAs

		Remittance Date:
Reporting Entity:	POC Name:	
POC Email address:	POC Phone Number:	FY 2016 Retirement Month:
Funds submitted by: (Indicate IPAC, EFT or CHECK)	IPAC / EFT / CHECK — FY 2016 VERAs	_____ (MM/YYYY)

Payroll Office Number: (Column 1)	Agency Location Code: (Column 2)	Number of Covered Employees (Column 3)	Amount Submitted Column 3 x $124.48
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 B

FY 2016 VERAs, VSIPs PROCESSING COSTS UNDER CONSOLIDATED APPROPRIATIONS ACT, 2016, P.L. 114-113
REMITTANCE REPORT FOR FY 2016 VERAs

		Remittance Date:
Reporting Entity:	POC Name:	
POC Email address:	POC Phone Number:	FY 2016 Retirement Month:
Funds submitted by: (Indicate IPAC, EFT or CHECK)	☐ IPAC ☐ EFT ☐ CHECK **FY 2016 VSIPs**	_____ (MM/YYYY)

Payroll Office Number: (Column 1)	Agency Location Code: (Column 2)	Number of Covered Employees (Column 3)	Amount Submitted Column 3 x $124.48
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

FY 2016 VERAs, VSIPs PROCESSING COSTS UNDER CONSOLIDATED APPROPRIATIONS ACT, 2016, P.L. 114-113

REMITTANCE REPORT FOR FY 2016 VERAs

		Remittance Date:
Reporting Entity:	POC Name:	
POC Email address:	POC Phone Number:	FY 2016 Retirement Month:
Funds submitted by: (Indicate IPAC, EFT or CHECK)	IPAC / EFT / CHECK — FY 2016 VERAs with VSIPs	_____ (MM/YYYY)

Payroll Office Number: (Column 1)	Agency Location Code: (Column 2)	Number of Covered Employees (Column 3)	Amount Submitted Column 3 x $124.48
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