

Attachment 1B:

## Remittance Report for FY 2024 Voluntary Separation Incentive Payments (VSIP)

Remittance Date (MM/DD/YYYY):

Funds Submitted By (Indicate IPAC, EFT, or Check):

FY 2024 Retirement Month & Year (MM/YYYY):

IPAC

Reporting Entity:

EFT

Check

Point of Contact Name:

Point of Contact Email:

Point of Contact Phone Number:

Table A: Federal Employee Retirement System (FERS)

Payroll Office Number: (Column 1)	Agency Location Code: (Column 2)	Number of Covered Employees: (Column 3)	Amount Submitted (Column 3 x \$610.55)

**FERS Total:**

Table B: Civil Services Retirement System (CSRS)

Payroll Office Number: (Column 1)	Agency Location Code: (Column 2)	Number of Covered Employees: (Column 3)	Amount Submitted (Column 3 x \$610.55)

**CSRS Total:**

**Combined Total (FERS Total + CSRS Total) Amount Submitted:**

To the best of my knowledge, I certify the accuracy and completion of this Remittance Report.

Name (Printed)

Signature

Title

Date (MM/DD/YYYY):