## Attachment 1 A

# FY 2014 VERAS, VSIPS PROCESSING COSTS PER CONSOLIDATED APPROPRIATIONS ACT, 2014, P.L. 113-76

# REMITTANCE REPORT FOR FY 2014 VERAs

|  |                   |  |                                     |                 | Remittance Date:   |
|--|-------------------|--|-------------------------------------|-----------------|--------------------|
| Reporting Entity:                              | POC Name:         |  | FY 2014 Retirement Month: (MM/YYYY) |                 |                    |
| POC Email address:                             | POC Phone         | Number:  |                                     |                 |                    |
|  | IPAC              |  |                                     |                 |                    |
| Funds submitted by:                            | EFT               | FY 2014 V  | 'ERAs                               |                 |                    |
| (Indicate IPAC, EFT or CHECK)                  | CHECK             |  |                                     |                 |                    |
| Downell Office Number                          | Agency Location C | a da.  | Number of Co                        | wared Employees | Amount Submitted   |
| Payroll Office Number: Agency Locat (Column 1) |                   |  |                                     | (Column 3)      | Column 3 x \$91.37 |
| (Column 1)                                     | (0                | olullii 2)   |                                     | FERS            | Column 3 x 331.37  |
|  |                   |  |                                     |                 |                    |
|  |                   |  |                                     |                 |                    |
|  |                   |  |                                     |                 |                    |
|  |                   |  |                                     |                 |                    |
| TOTALS (A)                                     |                   |  |                                     |                 | \$                 |
| TOTALS (A)                                     |                   |  |                                     | Cana            | 3                  |
|  |                   |  |                                     | CSRS            |                    |
|  |                   |  |                                     |                 |                    |
|  |                   |  |                                     |                 |                    |
|  |                   |  |                                     |                 |                    |
|  |                   |  |                                     |                 |                    |
| TOTALS (B)                                     |                   |  |                                     |                 | \$                 |
|  |                   |  |                                     |                 |                    |
| AMOUNT SUBMITTED                               | \$                |  |                                     |                 |                    |
| I certify to the best of my knowledge,         |                   | (Must Equal A + B) (To Be Reproduced Locally) (Use additional forms if needed) |                                     |                 |                    |
| Signature                                      |                   | <del>_</del>   |                                     |                 |                    |

## Attachment 1 B

# FY 2014 VERAS, VSIPS PROCESSING COSTS PER CONSOLIDATED APPROPRIATIONS ACT, 2014, P.L. 113-76

# REMITTANCE REPORT FOR FY 2014 VSIPs

|                                       |  |               |                                     |                  | Remittance Date:   |
|---------------------------------------|--|---------------|-------------------------------------|------------------|--------------------|
| Reporting Entity:                     | POC Name   | :             | FY 2014 Retirement Month: (MM/YYYY) |                  |                    |
| POC Email address:                    | POC Phone  | e Number:     |                                     |                  |                    |
|                                       | IPAC   |               |                                     |                  |                    |
| Funds submitted by:                   | EFT  | FY 2014 \     | /SIPs                               |                  | _                  |
| (Indicate IPAC, EFT or CHECK)         |  |               |                                     |                  |                    |
| Payroll Office Number:                | Agency Location  | Code:         | Number of Co                        | overed Employees | Amount Submitted   |
| (Column 1)                            |  |               |                                     | (Column 3)       | Column 3 x \$91.37 |
| (Column 2)                            |  | (CG:G::::::2) |                                     | FERS             | Columns A QS 210   |
|                                       |  |               |                                     |                  |                    |
|                                       |  |               |                                     |                  |                    |
|                                       |  |               |                                     |                  |                    |
|                                       |  |               |                                     |                  |                    |
|                                       |  |               |                                     |                  |                    |
| TOTALS (A)                            |  |               |                                     |                  | \$                 |
|                                       |  |               |                                     | CSRS             |                    |
|                                       |  |               |                                     |                  |                    |
|                                       |  |               |                                     |                  |                    |
|                                       |  |               |                                     |                  |                    |
|                                       |  |               |                                     |                  |                    |
|                                       |  |               |                                     |                  |                    |
| TOTALS (B)                            | \$   |               |                                     |                  |                    |
|                                       |  |               |                                     |                  |                    |
| AMOUNT SUBMITTED                      | \$   |               |                                     |                  |                    |
| I certify to the best of my knowledge | (Must Equal A + B)<br>(To Be Reproduced Locally)<br>(Use additional forms if needed) |               |                                     |                  |                    |
| Signature                             |  |               | Name - Printed                      |                  | <del>_</del>       |
| Signatule                             |  |               | INGILIE - FILLILEU                  |                  |                    |

## 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

| Funds submitted by: (Indicate IPAC, EFT or CHECK) | POC Name: POC Phone N  IPAC EFT FY 2014 VERAS V  CHECK  ency Location Code: (Column 2)  |   | FY 2014 Retirement Month:  (MM/YYYY)  Amount Submitted |
|---|---|---|--|
| Funds submitted by: (Indicate IPAC, EFT or CHECK) | EFT FY 2014 VERAS | vith VSIPs  Number of Covered Employees | (MM/YYYY)  |
| Funds submitted by: (Indicate IPAC, EFT or CHECK) | EFT FY 2014 VERAs v CHECK ency Location Code:   | Number of Covered Employees             |  |
| (Indicate IPAC, EFT or CHECK)                     | ency Location Code:   | Number of Covered Employees             | Amount Submitted                                       |
|   | ency Location Code:   |   | Amount Submitted                                       |
| Pavroll Office Number: Ag                         |   |   | Amount Submitted                                       |
|   |   |   |  |
| (Column 1)  |   | (Colullii 3)                            | Column 3 x \$91.37                                     |
|   |   | FERS                                    |  |
|   |   |   |  |
|   |   |   |  |
|   |   |   |  |
|   |   |   |  |
|   |   |   |  |
| TOTALS (A)  |   |   | \$   |
|   |   | CSRS                                    |  |
|   |   |   |  |
|   |   |   |  |
|   |   |   |  |
|   |   |   |  |
|   |   |   |  |
| TOTALS (B)  | \$  |   |  |
|   |   |   |  |
| AMOUNT SUBMITTED                                  | \$  |   |  |
| I certify to the best of my knowledge, the acc    | (Must Equal A + B) (To Be Reproduced Locally) (Use additional forms if needed)  |   |  |
| Signature   | No.   | me - Printed                            | <del>_</del>   |