

**Attachment 1 A**

**FY 2015 VERAs, VSIPs PROCESSING COSTS UNDER CONSOLIDATION  
& FURTHER CONTINUING APPROPRIATIONS ACT, 2015, P.L. 113-235  
REMITTANCE REPORT FOR FY 2015 VERAs**

Reporting Entity:		POC Name:		Remittance Date:
POC Email address:		POC Phone Number:		FY 2015 Retirement Month:
Funds submitted by: (Indicate IPAC, EFT or CHECK)	<input type="checkbox"/>	IPAC	FY 2015 VERAs	____ (MM/YYYY)
	<input type="checkbox"/>	EFT		
	<input type="checkbox"/>	CHECK		

Payroll Office Number: (Column 1)	Agency Location Code: (Column 2)	Number of Covered Employees (Column 3)	Amount Submitted Column 3 x \$129.83
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 2015 VERAs, VSIPs PROCESSING COSTS UNDER CONSOLIDATION  
& FURTHER CONTINUING APPROPRIATIONS ACT, 2015, P.L. 113-235  
REMITTANCE REPORT FOR FY 2015 VSIPs**

Reporting Entity:		POC Name:		Remittance Date:
POC Email address:		POC Phone Number:		FY 2015 Retirement Month:
Funds submitted by: (Indicate IPAC, EFT or CHECK)	IPAC	FY 2015 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 \$129.83
FERS			
<b>TOTALS (A)</b>			<b>\$</b>
CSRS			
<b>TOTALS (B)</b>			<b>\$</b>
<b>AMOUNT SUBMITTED</b>			<b>\$</b>

(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 2015 VERAs, VSIPs PROCESSING COSTS UNDER CONSOLIDATION  
& FURTHER CONTINUING APPROPRIATIONS ACT, 2015, P.L. 113-235**

**REMITTANCE REPORT FOR FY 2015 VERAs with VSIPs**

Reporting Entity:		POC Name:		Remittance Date:
POC Email address:		POC Phone Number:		FY 2015 Retirement Month:
Funds submitted by: (Indicate IPAC, EFT or CHECK)	<input type="checkbox"/>	IPAC	FY 2015 VERAs with VSIPs	____ (MM/YYYY)
	<input type="checkbox"/>	EFT		
	<input type="checkbox"/>	CHECK		

Payroll Office Number: (Column 1)	Agency Location Code: (Column 2)	Number of Covered Employees (Column 3)	Amount Submitted Column 3 x \$129.83
FERS			
<b>TOTALS (A)</b>			<b>\$</b>
CSRS			
<b>TOTALS (B)</b>			<b>\$</b>
<b>AMOUNT SUBMITTED</b>			<b>\$</b>

(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