Remittance Date (MM/DD/YYYY):

Remittance Report for FY 2024 Voluntary Early Retirement Authority (VERA) with Voluntary Separation Incentive Payments (VSIP)

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

FY 2024 Retirement Mo	nth & Year (MM/YYYY):	IPAC	
Reporting Entity:		EFT	
		Check	
Point of Contact Name	:		
Point of Contact Email:			
Point of Contact Phone	Number:		
Table A: Federal Em	ployee Retirement Sys	tem (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 Servic	es Retirement System (<u>I</u>
Table B: Civil Servic Payroll Office Number: (Column 1)	es Retirement System (Agency Location Code: (Column 2)		Amount Submitted (Column 3 x \$610.55)
Payroll Office Number:	Agency Location Code:	(CSRS) Number of Covered Employees:	
Payroll Office Number:	Agency Location Code:	(CSRS) Number of Covered Employees:	
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Payroll Office Number:	Agency Location Code:	(CSRS) Number of Covered Employees:	
Payroll Office Number: (Column 1)	Agency Location Code: (Column 2)	(CSRS) Number of Covered Employees: (Column 3)	
Payroll Office Number: (Column 1)	Agency Location Code: (Column 2) bined Total (FERS Total + C	(CSRS) Number of Covered Employees: (Column 3) CSRS Total: SRS Total: Amount Submitted:	(Column 3 x \$610.55)
Payroll Office Number: (Column 1)	Agency Location Code: (Column 2) bined Total (FERS Total + C	Number of Covered Employees: (Column 3) CSRS Total:	(Column 3 x \$610.55)
Payroll Office Number: (Column 1)	Agency Location Code: (Column 2) bined Total (FERS Total + C	(CSRS) Number of Covered Employees: (Column 3) CSRS Total: SRS Total: Amount Submitted:	(Column 3 x \$610.55)