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:
	IPAC			(MM/YYYY)
Funds submitted by:	EFT	FY 2016 V	'ERAs	
(Indicate IPAC, EFT or CHECK)	CHECK			
- "-c"	<u> </u>			
Payroll Office Number: (Column 1)	Agency Location		Number of Covered Employe	es Amount Submitted Column 3 x \$124.48
(Column 1)		(Column 2)	(Column 3) FERS	Column 3 x \$124.48
			TERS	
TOTALS (A)				\$
			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				

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:	
	IPAC				(MM/YYYY)
Funds submitted by:	EFT	FY 2016 V	'SIPs		
(Indicate IPAC, EFT or CHECK)	CHECK				
Payroll Office Number:	Agency Location C	odo:	Number of Co	overed Employees	Amount Submitted
(Column 1)		column 2)	Number of Co	(Column 3)	Column 3 x \$124.48
(35132)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			FERS	
TOTALS (A)	TOTALS (A)				\$
				CSRS	
TOTALS (B)					\$
AMOUNT SUBMITTED	\$ (NAviet Ferral A + D)				
	(Must Equal A + B) (To Be Reproduced Locally)				
I certify to the best of my knowledg	(Use additional forms if needed)				
Signa	ed	_			

Attachment 1 C

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:		
	IPAC				(MM/YYYY)	
Funds submitted by:	EFT FY	FY 2016 VERAs with VSIPs				
(Indicate IPAC, EFT or CHECK)	CHECK	CHECK				
Payroll Office Number:	Agency Location Co	ode:	Number of Co	overed Employees	Amount Submitted	
(Column 1)	(Co	olumn 2)		(Column 3)	Column 3 x \$124.48	
				FERS		
TOTALS (A)					\$	
				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 Name - Printed					-	