Attachment 1 A

FY 2020 VERAS, VSIPS PROCESSING COSTS UNDER CONSOLIDATED APPROPRIATIONS ACT, 2020, P.L. 116-93

REMITTANCE REPORT FOR FY 2020 VERAS

					Remittance Date:
Reporting Entity:	POC Name	:	FY 2020 Retirement Month:		
POC Email address:	POC Phone	Number:			
	IPAC				(MM/YYYY)
Funds submitted by:	EFT	FY 2020 \	/ERAs		
(Indicate IPAC, EFT or CHECK)	CHECK				
Payroll Office Number: Agency Locati					Amount Submitted
(Column 1)	(0	Column 2)		(Column 3)	Column 3 x \$481.62
				FERS	
TOTALS (A)					\$
				CSRS	
TOTALS (B)					\$
AMOUNT SUBMITTED		\$			
I certify to the best of my knowledg	(Must Equal A + B) (To Be Reproduced Locally) (Use additional forms if needed)				
Signature					

Attachment 1 B

FY 2020 VERAS, VSIPS PROCESSING COSTS UNDER CONSOLIDATED APPROPRIATIONS ACT, 2020, P.L. 116-93

REMITTANCE REPORT FOR FY 2020 VSIP

					Remittance Date:
Reporting Entity:	POC Name:		FY 2020 Retirement Month:		
POC Email address:	POC Phone	Number:			
	IPAC			(MM/YYYY)	
Funds submitted by:	EFT	FY 2020 V	'SIPs		
(Indicate IPAC, EFT or CHECK)	CHECK				
Payroll Office Number:	Agency Location C	ode:	Number of Co	vered Employees	Amount Submitted
(Column 1)		(Column 2)		(Column 3)	Column 3 x \$481.62
	·	·		FERS	
TOTALS (A)					
TOTALS (A)				~~~	\$
				CSRS	
TOTALS (B)		\$			
AMOUNT SUBMITTED		\$			
I certify to the best of my knowledg		(Must Equal A + B) (To Be Reproduced Locally) (Use additional forms if needed)			
Signature Name - Printed					_

Attachment 1 C

FY 2020 VERAS, VSIPS PROCESSING COSTS UNDER CONSOLIDATED APPROPRIATIONS ACT, 2020, P.L. 116-93

REMITTANCE REPORT FOR FY 2020 VERAs with VSIPs

					Remittance Date:
Reporting Entity:	POC Name:				
POC Email address:	POC Phone	Number:	FY 2020 Retirement Month:		
	IPAC				(MM/YYYY)
Funds submitted by:	EFT FY	2020 VERAs with VSIPs			
(Indicate IPAC, EFT or CHECK)	CHECK				
Payroll Office Number:	Agangy Location Co	ndo:	Number of Co	varad Employans	Amount Submitted
(Column 1)		Agency Location Code: (Column 2)		vered Employees (Column 3)	Column 3 x \$481.62
(Coldinii 1)	(8)	<u> </u>		FERS	Column 3 X \$ 102.02
TOTALS (A)				\$	
				CSRS	
TOTALS (B)					\$
AMOUNT SUBMITTED	\$				
I certify to the best of my knowled	(Must Equal A + B) (To Be Reproduced Locally) (Use additional forms if needed)				
Signature	_				