

TO: HEADS OF GOVERNMENT DEPARTMENTS, AGENCIES, AND OTHERS CONCERNED

1. PURPOSE

This transmittal letter releases revisions to I TFM 4-1100, Delegations and Designations of Authority for Disbursing Functions. It provides revised procedures and forms for submission of delegations of authority and disbursing function designations to the Financial Management Service (FMS).

2. BACKGROUND

To reduce the administrative burden on agencies, streamline the delegation and designation process, and enhance the integrity of the signature system underlying the disbursement process, FMS developed an automated system, known as the Digital Signature Storage and Verification (DSSV) system, to manage all delegations and designations of authority for disbursement related functions. After one year of operation under the new system, FMS determined that significant changes could be made to the forms and process, to further streamline it. This revision of I TFM 4-1100 embodies those changes.

3. EXPIRATION PERIODS

**Expiration periods for designations of Electronic Certification System (ECS) Security Administrator and Encryption Officer are changed from twelve (12) months from effective date of designation, to twenty-four (24) months from effective date of designation.**

All existing designations to Treasury for **Electronic Certification System Security Administrators and Encryption Officers will be extended to expire twenty-four (24) months from the effective date of designation .**

4. NEW FORMS AND PROCEDURES

This revision of I TFM 4-1100 makes significant changes in the procedures for designation and redesignation of positions related to the disbursement process. Several new forms are introduced (FMS Form 2958A, FMS Form 210A, FMS Form 210DEO, FMS Form 210RD, and FMS Form 210ECS), two forms are eliminated (FMS Form 210H and FMS Form 210RH), and minor revisions are made to the rest of the forms required by this chapter. New procedures are provided for delegations and designations of authority related to the Automated Standard Application for Payments (ASAP) program.

5. FORMS

Requests for forms described in I TFM 4-1100, Appendix 1, should be submitted to:

Property and Supply Section  
Facilities Management Division  
Financial Management Service  
Department of the Treasury  
Ardmore East Business Center  
3361-L 75th Avenue  
Landover, MD 20785  
(Telephone: 301-344-8577)

6. PAGE CHANGES

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Table of Contents for  
Part 4

I TFM 4-1100

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Part 4

I TFM 4-1100

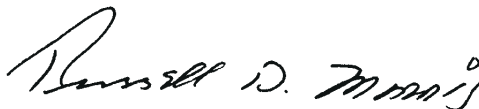
7. EFFECTIVE DATE

Upon receipt.

8. INQUIRIES

Questions concerning this transmittal letter should be directed to:

Disbursement Management Division  
Operations Directorate  
Financial Management Service  
Department of the Treasury  
401 14th Street, SW.  
Washington, DC 20227  
(Telephone: 202-874-6800)



Date: August 18, 1997

Russell D. Morris  
Commissioner

# DELEGATIONS AND DESIGNATIONS OF AUTHORITY FOR DISBURSING FUNCTIONS

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This chapter prescribes procedures and forms needed to delegate (transfer authority) and designate (appoint) individuals to perform disbursing functions in agencies authorized by the Department of the Treasury (Treasury), Financial Management Service (FMS), and corporations and agencies exempt and authorized to perform their own disbursing functions.

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## Section 1110 - Scope and Applicability

This chapter includes procedures and forms needed to: Inform FMS of the Head of Agency (HOA); delegate designation authority to Designating Officials (DO); designate individuals to the positions of Certifying Officers (CO), ECS Security Administrators (SA), ECS Data Entry Operators (DEO), Designated Agents (DA), Check Custodians (CC), and Encryption Officers (EO); confirm receipt of ECS Tokens, PINs and IDs; and order and confirm receipt of FedSelect blank check stock. It also includes procedures and forms needed to: Inform FMS of the Head of Agency (HOA), for Non-Federal organizations participating in the Automated Standard Application for Payments (ASAP) program; delegate ASAP designation authority to ASAP Designating Officials (DO); and, designate individuals to the position of ASAP Authorizing Official (ASAP AO) and ASAP Financial Official (ASAP FO). It only applies to those agencies to which disbursing functions are provided by the Department of the Treasury (Treasury), Financial Management Service (FMS).

## Section 1115 - Authority

The authority of these procedures appears in Title 31 United States Code, Sections 3321 and 3325 (31 U.S.C. 3321 and 3325).

## Section 1120 - Definition of Terms

**Agency** - Includes each department and establishment certifying vouchers to Treasury Regional Financial Centers (RFC) and/or Regional Operations Centers (ROC) of FMS for payment. For Non-Federal organizations participating in the Automated Standard Application for Payments (ASAP) program, "agency" refers to the name of the organization.

**Agency Location Code (ALC)** - Refers to a numeric symbol used to identify accounting reports and documents prepared by or for agency accounting stations and regional financial offices. Consists of an 8-digit agency accounting station, 4-digit disbursing office symbol, or a 3-digit Treasury Financial Center symbol. For Non-Federal organizations participating in the Automated Standard Application for Payments (ASAP), ASAP Payment Requestor and/or Recipient Organization IDs (PR and/or RO ID) perform the function assigned to ALCs.

**Assistant Disbursing Officers (ADO)** - Individuals who have

been delegated Disbursing Authority by a Disbursing Officer of the Financial Management Service.

**Delegation** - Documentation submitted to FMS, usually by means of FMS Form 2958, notifying it of the delegation (transfer of) authority to make designations of disbursing related authority to FMS. The right to further delegate (re-delegate) such authority may also be included in such delegations. For Non-Federal organizations, FMS Form 2958A is used to make delegations of authority.

**Designating Officials (DO)** - Individuals for whom a Head of Agency delegation has been presented to FMS, and individuals to whom designation authority has been delegated by the Head of Agency or other official to whom designation authority has been delegated.

**Designation** - Documentation submitted to FMS, usually by means of the **FMS 210 Series Forms**, notifying it of the selection/appointment of an individual to perform a specific disbursement related function. **FMS 210 Series Forms** - Refers to a series of FMS Forms used to designate authority including: FMS Form 210 Designation for Certifying Officer, FMS Form 210A Designation for ASAP Authorizing Official and Financial

Official, FMS Form 210C Designation for Check Custodian, FMS Form 210D Designation for Agent To Receive and Deliver Checks, FMS Form 210DEO Designation for ECS Data Entry Operator, FMS Form 210E Designation of Encryption Officer, FMS Form 210ECS ECS User Designation, and FMS Form 210S Designation for ECS Security Administrator.

**Disbursing Offices** - Offices of the Financial Management Service, established to provide disbursing services for Government agencies. Also referred to as Regional Financial Centers (RFCs). FMS has six Disbursing Offices (RFCs), located in: Austin, TX; Birmingham, AL; Chicago, IL; Kansas City, MO; Philadelphia, PA; and San Francisco, CA.

**Effective Date of Delegation/Designation** - The effective date of a delegation or designation (that date from which FMS calculates the period until it expires - normally two years) will be the latter of; the effective date requested on the form, or the date accepted by FMS. (Example: If the agency specifies a requested effective date of March 3, 1997, and FMS actually accepts the form on March 7, 1997, the **actual** effective date will be March 7, 1997; If the agency were to specify an effective date of May 20, 1997, and FMS accepted the form on May 5, 1997, the **actual** effective date would be May 20, 1997.)

**Head of Agency (HOA)** - This term, when used in relation to delegations of authority, will be interpreted to mean the head of an Executive Agency, as appointed by the President; that is, Secretaries of Departments, Administrators of Administrations and Commissioners of Commissions. At the discretion of the Treasury Chief Disbursing Officer (CDO), Head of Agency delegations may be accepted from lesser authorities in an agency, such as Bureau Heads and

agency and/or bureau Chief Financial Officers. For Non-Federal organizations participating in the ASAP program, the Head of Agency (ASAP HOA) delegation would be acceptable from: for state governments, the state's Governor, Treasurer, Chief Financial Officer, or other person in a position of top financial responsibility within the state entity; for local governments, the local entity's head, Treasurer, Chief Financial Officer, or other person in a position of top financial responsibility within the entity; for universities, the university's head, Treasurer, Chief Financial Officer, or other person in a position of top financial responsibility within the university (for state universities, it would also be acceptable from the persons noted for state governments); and, for non-government entities, the entity's head (President, Chairman, Chief Executive Officer, etc.), Treasurer, Chief Financial Officer, or other person in a position of top financial responsibility within the entity.

**Treasury Disbursing Officers** - Refers to officers of FMS Operations Directorate or those who have been delegated Disbursing Authority by the Financial Management Service.

**Treasury Regional Financial Centers (RFCs)** - Offices of the Financial Management Service, established to provide disbursing services for Government agencies. FMS has six RFCs, located in: Austin, TX; Birmingham, AL; Chicago, IL; Kansas City, MO; Philadelphia, PA; and San Francisco, CA. Also referred to as Disbursing Offices.

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### Section 1125 - General Form Instructions for Delegation and Designation of Authority

Sample copies of forms described in this chapter are located in the chapter's appendices.

See the Appendices Listing at the end of this chapter for the specific form.

FMS Form 2958 is used to establish the 'Head of Agency' authority, and to **delegate** designation authority while the FMS 210 Series Forms are used to **designate** specific authority. A valid FMS Form 2958 must be on file with the Financial Management Service for **each individual** exercising delegation or designation authority (signing an FMS Form 2958 as Delegator, or an FMS 210 Series Form as Designator). A valid FMS 210 Series Form must be on file with FMS for each designee and designated function. A valid FMS Form 210ECS must be on file with FMS for each individual designated authority to utilize the Treasury Electronic Certification System (ECS) -includes Certifying Officers with ECS authority, ECS Security Administrators, and ECS Data Entry Operators. Valid receipts must be on file with FMS for all ECS tokens, PINs and IDs issued to designees with ECS authority. To order forms, see Contacts page.

FMS Form 2958A is used to establish the 'Head of Agency' authority for Non-Federal organizations participating in the ASAP program, and to **delegate** designation authority while the FMS Form 210A is used to **designate** ASAP Authorizing Official and ASAP Financial Official authority. A valid FMS Form 2958A must be on file with the Financial Management Service for **each individual** exercising ASAP delegation or designation authority (signing an FMS Form 2958A as Delegator, or an FMS Form 210A as Designator). A valid FMS Form 210A must be on file with FMS for each ASAP designee and designated function. To order forms, see Contacts page.

The FMS 2958 and 210 Series Forms are used as a signature sample source for signature validation.

FMS stores optically scanned electronic images of sample signatures for use by all Treasury Regional Financial Centers (RFCs). These forms may also be used for manual validation of voucher-schedule certifying signatures. Consequently, **IT IS EXTREMELY IMPORTANT THAT all forms be properly and accurately completed, that all signatures be in BLACK INK, THAT SIGNATURES BE WHOLLY WITHIN THE SIGNATURE BLOCK PROVIDED**, and that there be no extraneous markings in the signature blocks.

All delegation and designation forms must bear four original manual signatures, of the individual to whom authority is being delegated or who is being designated, **IN BLACK NON-ERASABLE INK. ALL SIGNATURES SHOULD BE WITHIN THE SIGNATURE BLOCK(S) PROVIDED! ALL SIGNATURES MUST be the official signature of the individual, 'nicknames' should not be used.** Facsimile signatures or any evidence of erasures, corrections, or alterations will cause the form to be rejected by FMS. The Delegator or Designator block in Section IV must be signed by the Head of Agency or other official who has been lawfully delegated designation authority for the function being delegated or designated. The Delegator or Designator signature **must be in black non-erasable ink, and be wholly within the signature block provided.** Revocation forms do not require signature samples of the individual whose authority is being revoked (Section III), but must be signed in Section IV, by the Head of Agency or other official who has been lawfully delegated designation authority for the function being revoked.

In all cases, the Agency Location Codes (ALCs) listed on the form must correspond to the department, agency or establishment,

and bureau or office that the Delegator or Designator shown in Section IV of these forms has authority to delegate or designate for. **AT LEAST ONE ALC MUST BE entered** on all FMS 210 Series Forms that require ALC(s) in Section I. In the case of designations for Non-Federal organizations participating in the ASAP program, Payment Requestor and/or Recipient Organization ID (PR and/or RO ID) must correspond to the organization that the Delegator or Designator shown in Section IV of these forms has authority to delegate or designate for. **AT LEAST ONE PR and/or RO ID MUST BE entered** in Section I of any FMS Form 210A submitted to FMS.

Form instructions are located on the back of the form (except for FMS Forms 210RC, 210RD, and 210RS). **After completion, the agency will retain copy 3 and forward copies 1 and 2 of the form to the Financial Management Service (in the case of FMS Form 2958A and 210A, retain copy 4 and forward copies 1, 2, and 3).** See Contacts page, or form, for address. On receipt, FMS, will verify the delegation/designation, sign and return copy 2 to the Delegator or Designator, at the address specified in Section VI of the form, with an acceptance label affixed to the back of the form (except for Head of Agency Delegations which will not have an acceptance label, but will be signed in Section VII). The receipt of copy 2 signifies FMS' acceptance. **On receipt of copy 2, the Delegator or Designator will verify the contents of copy 2 against the retained copy 3 (or copy 4 for FMS Form 2958A and 210A) to ensure that no alterations occurred.**

At the time of designation, the agency should advise the designees of their responsibilities as noted in applicable Treasury directives.

Two months prior to the expiration of a delegation or designation, FMS will notify the Delegator or Designator of the pending expiration of the delegation or designation, by mailing a 'Letter of Notification of Pre-Expiration' to the address listed in Section VI of the FMS 2958/2958A or FMS 210 Series Form that documented the delegation/designation. Delegations and designations may be renewed by re-submitting the appropriate FMS Form 2958/2958A or FMS 210 Series Form with the Re-Delegation or Re-Designation block checked. Alternatively, designations of authority (Certifying Officer, ASAP Authorizing Officer, ASAP Financial Officer, ECS Security Administrator, ECS Data Entry Operator, Designated Agent, Check Custodian, and Encryption Officer) that are about to expire, and for which there are NO CHANGES in the details of the designation, may be renewed by having an authorized Designating Official complete the "For Renewal Only" portion of the 'Letter of Notification of Pre-Expiration', and returning it to FMS, at the address specified in the letter. Designations of authority, that are about to expire, and for which there are no changes in the details of the designation, may also be renewed by submission of an 'Agency Initiated Letter of Renewal', signed by an authorized Designating Official. 'Agency Initiated Letters of Renewal' must be on the agency's letterhead; provide the name, type of designation, authorized ALCs, agency/bureau/division identification for the individual, and requested renewal date; and be signed by a Designating Official with a valid FMS Form 2958 on file with FMS, providing designation authority for the type of designation being renewed. An 'Agency Initiated Letter of Renewal' may be used to renew multiple designations, at the same time. 'Letter of Notice of Pre-Ex-

piration' and 'Agency Initiated Letter of Renewal' MAY NOT be used to renew delegations of designation authority, delegations of designation authority may only be renewed on FMS Form 2958 (or 2958A for ASAP delegations).

**Delegations and designations not renewed by their expiration date will become void as of that date** and no further designations/delegations, certifications, etc. will be accepted from the individual. Agencies will be notified of expired delegations and designations via a 'Letter of Notification of Expiration', mailed to the delegating or designating official, at the address provided in Section VI of the original delegation or designation form. Once a delegation or designation expires, a new delegation or designation must be submitted to reinstate that individual.

**When an individual, for whom a delegation or designation is on file with FMS, departs or otherwise becomes ineligible to act (including reassignment, retirement, departure, death, etc.), the responsible delegating or designating official will forward the appropriate FMS Form 2958/2958A or FMS 210 Series Form revoking the delegation or designation of the departing/ineligible designee to FMS.** Revocations will be effective on the date received, and processed, by FMS.

### Section 1130 - Reorganizations

FMS Forms 2958, 2958A, 210, 210A, 210C, 210D, 210DEO, 210E, and 210S will be verified for signature, title and organization. Therefore, if organization names or titles change, authority must be re-delegated/re-designated to all affected positions. This re-delegation/re-designation must be initiated at a level above the areas affected by the organizational or title changes. On such re-delega-

tion/re-designation forms, the Re-delegation or Re-designation block (as appropriate) must be checked, and the word "REORGANIZATION" should be noted in the 'Name' block in Section II, of the form(s).

### Section 1135 - Head of Agency Delegation (HOA)

This is a self-delegation, by the head of a Federal Government Agency, to provide FMS with a basis for validating all subsequent delegations and designations from that agency. The HOA self-delegation is accomplished using FMS Form 2958. All authority to expend agency funds, and to certify the disbursement of such funds through a Treasury Disbursing Officer, resides with the Head of Agency (HOA) of the agency for which funds are to be disbursed. The authority to certify the disbursement of agency funds may be delegated to duly designated Certifying Officers. The authority to delegate certification authority may also be delegated to duly assigned individuals. **No delegating official, other than the Head of Agency, may self-designate themselves as a Certifying Officer, or other disbursing function designation, for the agency.** Head of Agency delegations automatically have all delegation and designation authorities listed on the FMS Form 2958.

For Non-Federal organizations participating in the Automated Standard Application for Payments (ASAP) program, the 'Head of Agency' (ASAP HOA) self-delegation, by the head of the ASAP using organization, is to provide FMS with a basis for validating all subsequent delegations and designations from that organization. The ASAP HOA self-delegation is accomplished using FMS Form 2958A. All authority to certify requests for individual ASAP User IDs, to establish receiving

bank accounts, and to request draw-down of funds resides with the 'Head of Agency' (ASAP HOA) of the recipient organization. The authority to certify the assignment of ASAP User IDs, establish bank accounts and request draw-down of funds may be delegated to duly designated ASAP Authorizing Officials (AO) and ASAP Financial Officials (FO). The authority to designate ASAP AO and/or FO authority may also be delegated to duly assigned individuals. **No delegating official, other than the 'Head of Agency', may self-designate themselves as an ASAP AO and/or FO for the organization.** ASAP 'Head of Agency' delegations automatically have all delegation and designation authorities listed on the FMS Form 2958A.

### 1135.10 - Procedures: FMS Form 2958

Sample copies of forms described in this section are located in the chapter's appendices. See the Appendices Listing at the end of this chapter for the specific form.

#### NOTE:

*It is critically important that ALL applicable sections of FMS Form 2958 be completely and accurately filled in, by the submitting agency. All signatures must be in black, non-erasable ink, with the signature constrained to the block provided, and with no extraneous markings in the signature blocks. The signatures MUST BE the official signature of the individual signing. DO NOT use 'nick-names'.*

Use FMS Form 2958 to submit the Head of Agency delegation, for all Head of Agency self-delegations, other than those for Non-Federal organizations participating in the Automated Standard Ap-

plication for Payments (ASAP) program. Sections I, II, III, IV, and VI must be completed by the submitting agency. **Check all authority blocks in Section I;** this establishes the authorities of the Head of the Agency. Check the appropriate block for type of action and complete Section II, with information on the individual to be designated as Head of Agency. The Head of Agency will manually sign all signature sample blocks in Section III, and the Delegator block in Section IV in **black non-erasable ink. Signatures should be within the signature boxes provided on the form.** Insert the return address and phone number for the Head of Agency in Section VI.

The agency will retain copy 3 and forward copies 1 and 2 of the completed FMS Form 2958, **with a self-designation letter bearing the official seal of the agency, to the Financial Management Service.** Mail to the address provided at the upper left of the FMS Form 2958.

On receipt, FMS will verify the designation, complete Section VII, and return copy 2 to the Head of Agency, at the address provided in Section VI. The receipt of copy 2 signifies FMS' acceptance. On receipt of copy 2, the Head of Agency should verify the contents of copy 2 against the retained copy 3 to ensure that no alterations occurred. Head of Agency FMS Form 2958s that fail validation will be returned to the submitting office, with an explanation of the rejection.

### 1135.20 - Procedures: FMS Form 2958A

**Sample copies of forms described in this section are located in the chapter's appendices. See the Appendices Listing at the end of this chapter for the specific form.**

#### NOTE:

*It is critically important that ALL applicable sections of FMS Form 2958A be completely and accurately filled in, by the submitting agency. All signatures must be in black, non-erasable ink, with the signature constrained to the block provided, and with no extraneous markings in the signature blocks. The signatures MUST BE the official signature of the individual signing. DO NOT use 'nicknames'.*

Use FMS Form 2958A to submit the 'Head of Agency' delegation, for the head of a Non-Federal organization participating in the ASAP program. Sections I, II, III, IV, and VI must be completed by the submitting organization. **Check all authority blocks in Section I;** this establishes the authorities of the 'Head of the Agency'. Check the appropriate block for type of action and complete Section II, with information on the individual to be designated as 'Head of Agency'. The 'Head of Agency' will manually sign all signature sample blocks in Section III, and the Delegator block in Section IV in **black non-erasable ink. Signatures should be within the signature boxes provided on the form.** Insert the return address and phone number for the 'Head of Agency' in Section VI.

The organization will retain copy 4 and forward copies 1, 2, and 3 of the completed FMS Form 2958A, **with a self-designation letter bearing the official seal of the organization, to the Financial Management Service.** Mail to the Treasury Regional Financial Center (RFC), that is processing the organization's ASAP enrollment.

On receipt, FMS will verify the designation, complete Section VII,

and return copy 2 to the organization's servicing RFC, who will forward it to the 'Head of Agency', at the address provided in Section VI. The receipt of copy 2 signifies FMS' acceptance. On receipt of copy 2, the 'Head of Agency' should verify the contents of copy 2 against the retained copy 4 to ensure that no alterations occurred. 'Head of Agency' FMS Form 2958As that fail validation will be returned to the submitting organization, with an explanation of the rejection.

### 1135.30 - Expiration and Revocation

Head of Agency delegations are **valid for a period of two (2) years** from effective date, unless revoked earlier. Two months prior to the expiration of a Head of Agency delegation, FMS will notify the Head of Agency of the pending expiration of the delegation, by mailing a 'Letter of Notification of Pre-Expiration' to the address listed in Section VI of the FMS Form 2958/2958A that documented the delegation. Delegations may be renewed by submitting an FMS Form 2958 or 2958A (as appropriate - must be a new [original] FMS Form 2958/2958A [photocopies of a previously submitted FMS Form 2958/2958A are not acceptable]) for the Head of Agency, with the Re-Delegation block checked. Delegations not renewed by their expiration date will become void as of that date and no further designations/delegations will be accepted from the individual. Once a Head of Agency delegation expires, a new delegation must be submitted to reinstate the Head of Agency authority for that individual.

When a Head of Agency delegation expires or is revoked, this action has no effect on the delegations and/or designations that were made by the individual while the delegation was valid. (Example: If

a properly designated Head of Agency were to sign an FMS 210 Certifying Officer designation on April 4, 1997, and subsequently leaves the agency (and ceased to be Head of Agency), on April 6, 1997, the Certifying Officer designation would remain valid for the normal two year effective period.) Actions regarding the status of a delegating or designating official have no impact on actions (FMS 2958s/2958As and FMS 210 Series Forms) that were previously signed by the official, while the official's authority was in effect.

When an individual for whom a Head of Agency delegation is on file with FMS departs the Head of Agency assignment, or otherwise becomes ineligible (reassignment, retirement, death, etc.) to act as Head of Agency for funds disbursement purposes, the succeeding Head of Agency will forward an FMS Form 2958/2958A revoking the Head of Agency delegation of the departing/ineligible designee to FMS. Alternatively, the departing Head of Agency may sign the revocation. Revocations will be effective on the latter of the effective date requested by the agency or the date received and processed by FMS. A separate FMS Form 2958/2958A must be completed for the new Head of Agency.

When using the FMS Form 2958 or 2958A to document a revocation, Sections I, II, IV, V, and VI must be completed by the submitting agency/organization.

### Section 1140 - Delegations of Designation Authority

Delegations of Designation Authority are made to individuals designated to exercise delegation and/or designation authority for the Head of Agency. Such delegations must be for specific authorities as noted on the FMS Form 2958/2958A. For each authority

delegated, it must be specified whether the authority MAY or MAY NOT be redelegated. No delegating official, other than the Head of Agency, may self-designate themselves as a Certifying Officer for the agency (or as an ASAP Authorizing Official and/or Financial Official).

#### 1140.10 - Procedure: FMS Form 2958

**Sample copies of forms described in this section are located in the chapter's appendices. See the Appendices Listing at the end of this chapter for the specific form.**

**NOTE:**

*It is critically important that ALL applicable sections of FMS Form 2958 be completely and accurately filled in, by the submitting agency. All signatures must be in black, non-erasable ink, with the signature constrained to the block provided, and with no extraneous markings in the signature blocks. The signatures MUST BE the official signature of the individual signing. DO NOT use 'nicknames'.*

Use FMS Form 2958 to name individuals authorized to exercise delegation and/or designation authority for agency Certifying Officers, ECS Security Administrators, ECS Data Entry Operators, Designated Agents, Check Custodians, Encryption Officers, and other designations. Use FMS Form 2958A for ASAP related delegations and designations (see 1140.20, below). Sections I, II, III, IV, and VI must be completed by the submitting agency. Form instructions are located on the back of the form. The agency will retain copy 3 and forward copies 1 and 2 of the form to the Financial Management Service. See Contacts page for address.

**NOTE:**

*The individual signing an FMS Form 2958, as a Delegator, must have a valid FMS Form 2958 on file with FMS with re-delegation authority for the functions being delegated.*

On receipt of FMS Form 2958, FMS will verify the delegation, complete Section VII, and return copy 2 to the delegating official, at the address listed in Section VI, with an acceptance label affixed to the back of the form. The receipt of copy 2 signifies FMS' acceptance. On receipt of copy 2, the delegating official will verify the contents of copy 2 against the retained copy 3 to ensure that no alterations occurred. For FMS Forms 2958 that are rejected, copies 1 & 2 will be returned to the delegating official, at the address provided in Section VI, with a rejection label affixed to the back of the form, and a rejection report explaining the reason for rejection.

#### 1140.20 - Procedure: FMS Form 2958A

**Sample copies of forms described in this section are located in the chapter's appendices. See the Appendices Listing at the end of this chapter for the specific form.**

**NOTE:**

*It is critically important that ALL applicable sections of FMS Form 2958A be completely and accurately filled in, by the submitting agency. All signatures must be in black, non-erasable ink, with the signature constrained to the block provided, and with no extraneous markings in the signature blocks. The signatures MUST BE the official signature of the individual signing. DO NOT use 'nicknames'.*



Use FMS Form 2958A to name individuals authorized to exercise delegation and/or designation authority for ASAP Authorizing Official and ASAP Financial Official designations. Use FMS Form 2958 for non- ASAP related delegations and designations (see 1140.10, above). Sections I, II, III, IV, and VI must be completed by the submitting agency. Form instructions are located on the back of the form. The originating organization will retain copy 4 and forward copies 1, 2, and 3 of the form to the Financial Management Service. Mail to the Treasury Regional Financial Center (RFC) that is processing the organization's ASAP enrollment.

**NOTE:**

*The individual signing an FMS Form 2958A, as a Delegator, must have a valid FMS Form 2958A on file with FMS with re-delegation authority for the function(s) being delegated.*

On receipt of FMS Form 2958A, FMS will verify the delegation, complete Section VII, and return copy 2 to the servicing RFC, who will forward it to the delegating official, at the address listed in Section VI, with an acceptance label affixed to the back of the form. The receipt of copy 2 signifies FMS' acceptance. On receipt of copy 2, the delegating official will verify the contents of copy 2 against the retained copy 4 to ensure that no alterations occurred. For FMS Forms 2958A that are rejected, copies 1 & 2 will be returned to the delegating official, at the address provided in Section VI, with a rejection label affixed to the back of the form, and a rejection report explaining the reason for rejection.

### 1140.30 - Expiration and Revocation

Delegations of designation authority are **valid for a period of two (2) years** from the effective date, unless revoked earlier.

Two months prior to the expiration of the designation, FMS will notify the delegating official of the pending expiration of the delegation, by mailing a 'Letter of Notification of Pre-Expiration' to the address listed in Section VI of the FMS 2958/2958A that documented the delegation. Delegations may be renewed by submitting an FMS Form 2958 or 2958A (as appropriate - must be a new [original] FMS Form 2958/2958A [photocopies of a previously submitted FMS Form 2958/2958A are not acceptable]), with the Re-Delegation block checked. Delegations not renewed by their expiration date will become void as of that date and no further designations/delegations will be accepted from the individual. Once a delegation expires, a new delegation must be submitted to reinstate that individual.

When a Delegation of Designation Authority expires or is revoked, the action has no effect on the delegations and/or designations that were made by the individual while the delegation was valid. (Example: If a properly designated Designating Official were to sign an FMS 210 Certifying Officer designation on April 4, 1997, and the individual left the agency (and ceased to be a valid Designating Official) on April 6, 1997, the Certifying Officer designation would remain valid for the normal two year effective period.) Actions regarding the status of a delegating or designating official have no impact on actions (FMS 2958s and FMS 210 Series Forms) that were previously signed by the official, while the official's authority was in effect.

When an individual for whom a delegation is on file with FMS departs the assignment, or otherwise becomes ineligible to act (re-assigned, retirement, death, etc.), the responsible delegating official will forward an FMS Form 2958 or 2958A revoking the delegation of the departing/ineligible designee to FMS as soon as possible. Revocations will be effective on the latter of the effective date requested by the agency or the date received and processed by FMS.

When using the FMS Form 2958 or 2958A to document a revocation, Sections I, II, IV, V, and VI must be completed by the submitting agency.

### Section 1145 - Designation of Certifying Officer

Certifying Officers are individuals to whom authority to approve disbursement of agency funds has been delegated, by a properly authorized designating official. The designating official must have a valid FMS Form 2958 on file with FMS, providing authority to designate Certifying Officers for the agency. **Officials, other than Head of Agency, delegated designation authority for Certifying Officers, MAY NOT designate themselves as Certifying Officers. (When it is necessary for such an individual to be designated as a Certifying Officer, the designation must be made by an official one level, or more, higher in the designation chain.)**

#### 1145.10 - Procedure: FMS Form 210

Sample copies of forms described in this section are located in the chapter's appendices. See the Appendices Listing at the end of this chapter for the specific form.

**NOTE:**

*It is critically important that ALL applicable sections of FMS Form 210, and 210ECS if applicable, be completely and accurately filled in, by the submitting agency. All signatures must be in black, non-erasable ink, with the signature constrained to the block provided, and with no extraneous markings in the signature blocks. The signatures MUST BE the official signature of the individual signing. DO NOT use 'nicknames'.*

Use FMS Form 210 to designate agency Certifying Officer(s) (CO). Sections I, II, III, IV, VI and VII must be completed by the submitting agency. Form instructions are provided on the back of the form. Check-off blocks are provided to indicate the purpose of the FMS 210 and the certification functions that are authorized. One or more of the certification functions must be checked, as appropriate. **If the Electronic Certification function is checked**, one (and only one) of the Electronic Certification Officer Type boxes (Master Certifying Officer, Transmission Certifying Officers, or Certifying Officer) must be checked, and **an FMS Form 210ECS must be prepared and submitted**, to facilitate assignment of ECS access. A single agency location may have only one (1) Master Certifying Officer at any one time. If the Certifying Officer designation is to provide FedSelect Authorized Issuing Officer (AIO) authority, check the 'Other' block and type in "FedSelect AIO". If the Certifying Officer designation is to provide agency ASAP authority, check the 'Other' block and enter "ASAP". The agency will retain copy 3 and forward copies 1 and 2 of the form to the Financial Management Service. See Contacts page for address. If required, FMS Form 210ECS must have Section I completed.

**NOTE:**

*Certifying Officers authorized to certify for the Treasury ECS MAY NOT also be designated as ECS Security Administrators or ECS Data Entry Operators for the same agency location. Certifying Officers authorized as FedSelect Authorized Issuing Officers MAY NOT also be designated as FedSelect Check Custodians, for the same ALC(s).*

A Certifying Officer designated with ECS authority will be issued an ECS User ID, token (smartcard) and personal identification number (PIN) for use with the ECS. The receiving Certifying Officer must forward receipts for token and PIN to FMS, using FMS Form 210RC. The ECS User ID WILL NOT be activated until the receipt is received and validated. Instructions for FMS Form 210RC are provided on the face of the form.

On receipt of an FMS Form 210, FMS will verify the designation, sign and return copy 2 to the designating official, at the address listed in Section VI of the form, with an acceptance label affixed to the back of the form. The receipt of copy 2 signifies FMS' acceptance. On receipt of copy 2, the designating official will verify the contents of copy 2 against the retained copy 3 to ensure that no alterations occurred. At the time of designation, the agency should advise the Certifying Officer of his/her legal responsibilities to certify vouchers according to 31 U.S.C. 3521, as amended. For FMS Forms 210 that are rejected, copies 1 & 2 will be returned to the designating official, at the address provided in Section VI, with a rejection label affixed to the back of the form, and a rejection report explaining the reason for rejection.

Voucher-schedules will not be accepted from a newly designated Certifying Officer until the effective

date shown on the FMS Form 210 of the Certifying Officer. Disbursing Officers may accept for payment only those voucher-schedules that contain the same organizational designation, agency location code (ALC) and the Certifying Officer's manual signature as that shown on the Certifying Officer's FMS Form 210. For voucher-schedules submitted via the Treasury Electronic Certification System (ECS), Disbursing Officers may accept for payment only those voucher-schedules containing the same organizational designation, agency location code, and the valid electronic signatures of the Certifying Officer and valid ECS Security Administrator.

In all cases, the Agency Location Codes listed must correspond to the department, agency or establishment, and bureau or office shown on the FMS Form 210 for the Certifying Officer.

### **1145.20 - Expiration and Revocation**

Designations for Certifying Officers are **valid for a period of two (2) years** from the effective date, unless revoked earlier.

Two months prior to the expiration of the designation, FMS will notify the designating official of the pending expiration of the designation, by mailing a 'Letter of Notification of Pre-Expiration' to the address listed in Section VI of the FMS Form 210 that documented the designation. If there are **NO CHANGES** in the details of the designation, it may be renewed by having an authorized Designating Official complete the "For Renewal Only" portion of the 'Letter of Notification of Pre-Expiration', and returning it to FMS, at the address specified in the letter. Designations that are about to expire, and for which there are no changes in the details of the designation, may also be renewed by submission of an 'Agency Initiated

Letter of Renewal', signed by an authorized Designating Official. 'Agency Initiated Letters of Renewal' must be on the agency's letterhead; provide the name, type of designation, authorized ALCs, agency/bureau/division identification for the individual, and requested renewal date; and be signed by a Designating Official with a valid FMS Form 2958 on file with FMS, providing designation authority for Certifying Officers. An 'Agency Initiated Letter of Renewal' may be used to renew multiple designations, at the same time. Designations, for which the details have changed, or the designee's signature has altered significantly since the last designation, must be renewed by submitting an FMS Form 210 (must be a new [original] FMS Form 210 [photocopies of a previously submitted FMS Form 210 are not acceptable]) with the Re-Designation block checked. Designations not renewed by their expiration date will become void as of that date and no further certifications will be accepted from the individual. Once a designation expires, a new designation must be submitted, on FMS Form 210, to reinstate that individual.

When an individual for whom a designation is on file with FMS departs or otherwise becomes ineligible to act, the responsible designating official will forward an FMS Form 210, revoking the designation of the departing/ineligible designee, to FMS. Revocations will be effective on the latter of the effective date requested by the agency or the date received and processed by FMS.

When using the FMS Form 210 to document a revocation, Sections I, II, IV, V, VI, and VII must be completed by the submitting agency.

### **1145.30 - Requirements Applicable to Officers Certifying Vouchers to Assistant Disbursing Officers or to U.S. Disbursing Officers**

In instances where vouchers are to be certified to disbursing officers other than Treasury disbursing officers, namely Assistant Disbursing Officers or U.S. Disbursing Officers, FMS Form 210, with certifications and notices required as above, must be furnished as follows: 1) to the Assistant Disbursing Officer for payment; or 2) to FMS when the vouchers will be certified to U.S. Disbursing Officers.

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### **Section 1150 - Designation of Electronic Certification System (ECS) Security Administrator**

ECS Security Administrators are individuals to whom authority has been delegated to act as Security Administrator for the agency component of the Treasury Electronic Certification System (ECS). The designating official must have a valid FMS Form 2958 on file with FMS, providing authority to designate ECS Security Administrators for the agency. Since the ECS microcomputer cannot be used without a Security Administrator, it is normally desirable for several Security Administrators to be designated for each location that will use the ECS.

#### **NOTE:**

***Individuals designated as ECS Security Administrators MAY NOT be designated as ECS Certifying Officers for the same agency location.***

Individuals designated as ECS Security Administrators will be issued ECS User ID, tokens (smartcards) and personal identification numbers (PINs) for use with the ECS. The receiving ECS Security

Administrator must forward receipt(s) for token and PIN to FMS using FMS Form 210RS. The ECS User ID WILL NOT be activated until the receipt is received and validated. Instructions for FMS Form 210RS are provided on the face of the form.

### **1150.10 - Procedure: FMS Form 210S**

**Sample copies of forms described in this section are located in the chapter's appendices. See the Appendices Listing at the end of this chapter for the specific form.**

#### **NOTE:**

***It is critically important that ALL applicable sections of FMS Form 210S and 210ECS be completely and accurately filled in, by the submitting agency. All signatures must be in black, non-erasable ink, with the signature constrained to the block provided, and with no extraneous markings in the signature blocks. The signatures MUST BE the official signature of the individual signing. DO NOT use 'nicknames'.***

Use FMS Form 210S to designate Electronic Certification System Security Administrators (SA). A separate form is required for each Administrator. Sections I, II, III, IV, VI and VII must be completed by the submitting agency. **An FMS Form 210ECS must also be prepared and submitted for each Security Administrator being designated**, to facilitate assignment of ECS access. Check-off blocks are provided to indicate the purpose of the FMS 210S and the Security Administrator type that is authorized. One and only one Security Administrator type block must be checked for Master Security Administrator, Transmission Security Administrator, or Security Administrator. A single

agency location may have only one (1) Master Security Administrator at any one time. Form instructions are located on the back of the form. The agency will retain copy 3 and forward copies 1 and 2 of the form to the Financial Management Service. See Contacts page for address. For the FMS Form 210ECS, the agency must complete Section I.

On receipt, FMS, will verify the designation, sign and return copy 2, of the FMS Form 210S, to the designating official, at the address provided in Section VI, with an acceptance label affixed to the back of the form. The receipt of copy 2 signifies FMS' acceptance. On receipt of copy 2, the designating official will verify the contents of copy 2 against the retained copy 3, to ensure that no alterations occurred. For FMS Forms 210S that are rejected, copies 1 & 2 will be returned to the designating official, at the address provided in Section VI, with a rejection label affixed to the back of the form, and a rejection report explaining the reason for rejection.

At the time of designation, the agency should advise Security Administrators of their responsibilities to provide security for the ECS, as noted in applicable Treasury directives. For voucher-schedules submitted via the Treasury Electronic Certification System (ECS), disbursing officers may accept for payment only those containing the same organizational designation, agency location code, and the valid electronic signatures of a valid Certifying Officer and a valid ECS Security Administrator.

#### **1150.20 - Expiration and Revocation**

Electronic Certification System Security Administrator designations are **valid for a period of two (2) years** from the effective date, unless revoked earlier.

Two months prior to the expiration of the designation, FMS will notify the designating official of the pending expiration of the designation, by mailing a 'Letter of Notification of Pre-Expiration' to the address listed in Section VI of the FMS Form 210S that documented the designation. If there are NO CHANGES in the details of the designation, it may be renewed by having an authorized Designating Official complete the "For Renewal Only" portion of the 'Letter of Notification of Pre-Expiration', and returning it to FMS, at the address specified in the letter. Designations that are about to expire, and for which there are no changes in the details of the designation, may also be renewed by submission of an 'Agency Initiated Letter of Renewal', signed by an authorized Designating Official. 'Agency Initiated Letters of Renewal' must be on the agency's letterhead; provide the name, type of designation, authorized ALCs, agency/bureau/division identification for the individual, and requested renewal date; and be signed by a Designating Official with a valid FMS Form 2958 on file with FMS, providing designation authority for ECS Security Administrators. An 'Agency Initiated Letter of Renewal' may be used to renew multiple designations, at the same time. Designations, for which the details have changed, or the designee's signature has altered significantly since the last designation, must be renewed by submitting an FMS Form 210S (must be a new [original] FMS Form 210S [photocopies of a previously submitted FMS Form 210S are not acceptable]) with the Re-Designation block checked. Designations not renewed by their expiration date will become void as of that date and no further ECS transmissions will be accepted bearing the ID of the individual. Once a designation expires, a new designation must be

submitted, on FMS Form 210S, to reinstate that individual.

When an individual for whom a designation is on file with FMS departs or otherwise becomes ineligible to act, the responsible designating official will forward an FMS Form 210S, revoking the designation of the departing/ineligible designee, to FMS. Revocations will be effective on the latter of the effective date requested by the agency or the date received and processed by FMS.

When using the FMS Form 210S to document a revocation, Sections I, II, IV, V, VI, and VII must be completed by the submitting agency.

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#### **Section 1155 - Designation of ECS Data Entry Operators**

Data Entry Operators (DEOs) are individuals to whom authority to create and modify ECS payment requests, and transmit certified payment requests to Treasury Regional Financial Centers, has been delegated, by a properly authorized designating official. That designating official must have a valid FMS Form 2958 on file with FMS, providing authority to designate ECS Security Administrators for the agency.

Data Entry Operators designated for the ECS function, prior to October 1997, will not be issued tokens (smartcards) and personal identification numbers (PINs), as for Security Administrators and Certifying Officers, but will be issued ECS User IDs for use with the ECS. After October 1, 1997, FMS will commence issuance of tokens (smartcards) and PINs, in addition to ECS User IDs, to ECS Data Entry Operators using Version P8.0, or later of the ECS software. FMS will provide Data Entry Operator ECS User IDs, tokens and PINs only to properly designated individuals. The receiving Data Entry

Operators must forward receipts for ECS User IDs (and token and PIN, where applicable) to FMS using FMS Form 210RD. Instructions for FMS Form 210RD are provided on the face of the form. ECS User IDs WILL NOT be activated until receipts are received.

### 1155.10 - Procedure: FMS Form 210DEO

Sample copies of forms described in this section are located in the chapter's appendices. See the Appendices Listing at the end of this chapter for the specific form.

#### NOTE:

*It is critically important that ALL applicable sections of FMS Form 210DEO and 210ECS be completely and accurately filled in, by the submitting agency. All signatures must be in black, non-erasable ink, with the signature constrained to the block provided, and with no extraneous markings in the signature blocks. The signatures MUST BE the official signature of the individual signing. DO NOT use 'nicknames'.*

Use FMS Form 210DEO to designate ECS Data Entry Operator(s). Form instructions are provided on the back of the form. Sections I, II, III, IV, VI and VII must be completed by the submitting agency. **An FMS Form 210ECS must also be prepared and submitted for each Data Entry Operator being designated**, to facilitate assignment of ECS access. Form instructions are located on the back of the form. The Agency Location Code(s) (ALC) corresponding to the department, establishment or agency, and the bureau or office for which the ECS Data Entry Operator will create, modify and/or transmit payment requests must be entered in Section I. The agency will retain copy 3 and for-

ward copies 1 and 2 of the form to the Financial Management Service. See Contacts page for address.

On receipt, FMS, will verify the designation, sign and return copy 2 to the designating official, at the address provided in Section VI, with an acceptance label affixed to the back of the form. The receipt of copy 2 signifies FMS' acceptance. On receipt of copy 2, the designating official will verify the contents of copy 2 against the retained copy 3 to ensure that no alterations occurred. At the time of designation, the agency should advise the ECS Data Entry Operators of their legal and ethical responsibilities. For FMS Forms 210DEO that are rejected, copies 1 & 2 will be returned to the designating official, at the address provided in Section VI, with a rejection label affixed to the back of the form, and a rejection report explaining the reason for rejection.

**An individual MAY NOT be designated as both an ECS Data Entry Operator and ECS Certifying Officer, for the same Agency Location(s).**

### 1155.20 - Expiration and Revocation

CS Data Entry Operator designations are **valid for a period of two (2) years** from the effective date, unless revoked earlier.

Two months prior to the expiration of the designation, FMS will notify the designating official of the pending expiration of the designation, by mailing a 'Letter of Notification of Pre-Expiration' to the address listed in Section VI of the FMS Form 210DEO that documented the designation. If there are NO CHANGES in the details of the designation, it may be renewed by having an authorized Designating Official complete the "For Renewal Only" portion of the 'Letter of Notification of Pre-Expiration', and returning it to FMS, at

the address specified in the letter. Designations that are about to expire, and for which there are no changes in the details of the designation, may also be renewed by submission of an 'Agency Initiated Letter of Renewal', signed by an authorized Designating Official. 'Agency Initiated Letters of Renewal' must be on the agency's letterhead; provide the name, type of designation, authorized ALCs, agency/bureau/division identification for the individual, and requested renewal date; and be signed by a Designating Official with a valid FMS Form 2958 on file with FMS, providing designation authority for ECS Security Administrators. An 'Agency Initiated Letter of Renewal' may be used to renew multiple designations, at the same time. Designations, for which the details have changed, or the designee's signature has altered significantly since the last designation, must be renewed by submitting an FMS Form 210DEO (must be a new [original] FMS Form 210DEO [photocopies of a previously submitted FMS Form 210DEO are not acceptable]) with the Re-Designation block checked. Designations not renewed by their expiration date will become void as of that date and the ECS User ID of the individual will be deactivated. Once a designation expires, a new designation must be submitted, on FMS Form 210DEO, to reinstate that individual.

When an individual for whom a designation is on file with FMS departs or otherwise becomes ineligible to act, the responsible designating official will forward an FMS Form 210DEO, revoking the designation of the departing/ineligible designee, to FMS. Revocations will be effective on the latter of the effective date requested by the agency or the date received and processed by FMS.

When using the FMS Form 210DEO to document a revoca-

tion, Sections I, II, IV, V, VI, and VII must be completed by the submitting agency.

### Section 1160 - Designation of Designated Agent to Receive and Deliver Checks

Designated Agents are individuals to whom authority is delegated to receive & deliver checks drawn on agency funds. Treasury prefers that all payments be remitted directly to the financial institution of the payee/recipient, for crediting to their account, or direct mailed (in the case of checks). However, it is understood that under some circumstances it may be necessary for an agency to pick up or receive checks from a Treasury Regional Financial Center, upon approval of the Disbursing Officer, for direct delivery to the payee/recipient.

**NOTE:**

*Treasury has now transferred all U.S. Savings Bond production, for the payroll savings plan, to the Federal Reserve Bank of Pittsburgh. Any arrangements for Designated Agent delivery of U.S. Savings Bonds must now be made with that institution.*

#### 1160.10 - Procedure: FMS Form 210D

Sample copies of forms described in this section are located in the chapter's appendices. See the Appendices Listing at the end of this chapter for the specific form.

**NOTE:**

*It is critically important that ALL applicable sections of FMS Form 210D be completely and accurately filled in, by the submitting agency. All signatures must be in black, non-erasable ink, with the signature constrained to*

*the block provided, and with no extraneous markings in the signature blocks. The signatures MUST BE the official signature of the individual signing. DO NOT use 'nicknames'.*

Use FMS Form 210D to designate Designated Agent(s) to receive and deliver checks. Sections I, II, III, IV, VI and VII must be completed by the submitting agency. Form instructions are located on the back of the form. Enter the DA number assigned to the individual on the 'Name of Designee' line in Section II. Arrangements for delivery/pickup of checks for DA delivery must be made with the Regional Financial Center (RFC), that will produce them, prior to submission of FMS Form 210D. The agency will retain copy 3 and forward copies 1 and 2 of the form to the Financial Management Service. See Contacts page for address.

On receipt, FMS, will verify the designation, sign and return copy 2 to the designating official, at the address provided in Section VI of the form, with an acceptance label affixed to the back of the form. The receipt of copy 2 signifies FMS' acceptance. On receipt of copy 2, the designating official will verify the contents of copy 2 against the retained copy 3 to ensure that no alterations occurred. At the time of designation, the agency should advise the Designated Agents of their legal and ethical responsibilities. For FMS Forms 210D that are rejected, copies 1 & 2 will be returned to the designating official, at the address provided in Section VI, with a rejection label affixed to the back of the form, and a rejection report explaining the reason for rejection.

The Agency Location Code(s) corresponding to the department, establishment or agency, and the bureau or office for which the Designated Agent will receive checks

should be entered in Section I. When an individual is designated to receive checks for another organization, for example, another department or bureau, a separate FMS 210D will be required for that department or bureau.

#### 1160.20 - Expiration and Revocation

Designated Agent designations are **valid for a period of two (2) years** from the effective date, unless revoked earlier.

Two months prior to the expiration of the designation, FMS will notify the designating official of the pending expiration of the designation, by mailing a 'Letter of Notification of Pre-Expiration to the address listed in Section VI of the FMS Form 210D that documented the designation. If there are NO CHANGES in the details of the designation, it may be renewed by having an authorized Designating Official complete the "For Renewal Only" portion of the 'Letter of Notification of Pre-Expiration', and returning it to FMS, at the address specified in the letter. Designations that are about to expire, and for which there are no changes in the details of the designation, may also be renewed by submission of an 'Agency Initiated Letter of Renewal', signed by an authorized Designating Official. 'Agency Initiated Letters of Renewal' must be on the agency's letterhead; provide the name, type of designation, authorized ALCs, agency/bureau/division identification for the individual, and requested renewal date; and be signed by an authorized Designating Official with a valid FMS Form 2958 on file with FMS, providing designation authority. An 'Agency Initiated Letter of Renewal' may be used to renew multiple designations, at the same time. Designations, for which the details have changed, or the designee's signature has altered significantly since

the last designation, must be renewed by submitting an FMS Form 210D (must be a new[original] FMS Form 210D [photocopies of a previously submitted FMS Form 210D are not acceptable]) with the Re-Designation block checked. Designations not renewed by their expiration date will become void as of that date and no further checks will be released to the individual. Once a designation expires, a new designation must be submitted, on FMS Form 210D, to reinstate that individual.

When an individual for whom a designation is on file with FMS departs or otherwise becomes ineligible to act, the responsible designating official will forward an FMS Form 210D, revoking the designation of the departing/ineligible designee, to FMS. Revocations will be effective on the latter of the effective date requested by the agency and the date received and processed by FMS.

When using the FMS Form 210D to document a revocation, Sections I, II, IV, V, VI, and VII must be completed by the submitting agency.

### **1160.30 - Procedure: Standard Form 1195**

**Sample copies of forms described in this section are located in the chapter's appendices. See the Appendices Listing at the end of this chapter for the specific form.**

#### **NOTE:**

***It is critically important that ALL applicable sections of Standard Form 1195 (SF-1195) be completely and accurately filled in, by the submitting agency. All signatures must be in black, non-erasable ink, with the signature constrained to the block provided, and with no extraneous markings in the signature blocks. The signatures MUST***

***BE the official signature of the individual signing. DO NOT use 'nicknames'.***

Use SF-1195 to designate Designated Agent(s), by Position Title, to receive and deliver checks. Sections I must be completed by the submitting agency. Enter the Name and Location of the Disbursing Officer that will be releasing checks to the DA. Enter the ALC for which checks will be delivered by the DA. Enter the Position Title, Agency and Address of the DA. Check the 'Checks' block. An authorized Designating Official, with an active FMS Form 2958 on file with FMS, must sign as the Recommending Officer. Enter the Title and Address of the Designating Official. Arrangements for delivery/pickup of checks for DA delivery must be made with the Regional Financial Center (RFC), that will produce them, prior to submission of SF-1195. The agency will retain copy 4 and forward copies 1, 2 and 3 of the form to the Regional Financial Center that will produce the checks, to the attention of the Disbursing Officer. See Contacts page for address.

On receipt, FMS, will verify the designation, enter the name of the current incumbent of the position, sign and return copy 3 to the designating official, at the address provided in Section I of the form, with an acceptance label affixed to the back of the form. The receipt of copy 3 signifies FMS' acceptance. On receipt of copy 3, the designating official will verify the contents of copy 3 against the retained copy 4) to ensure that no alterations occurred. Copy 2, of the form, will be sent to the incumbent of the position designated as a DA. At the time of designation, the agency should advise the Designated Agents of their legal and ethical responsibilities. For SF-1195 that are rejected, copies 1, 2 & 3 will be returned to the designating official, at the address provided in Section I, with a rejection label affixed to

the back of the form, and a rejection report explaining the reason for rejection.

### **1160.40 - Expiration and Revocation, of DA Designated by Position Title**

Designated Agent designations, by Position Title, are **valid until revoked**.

When a Designated Agent designation by Position Title is no longer required, the responsible designating official will forward an SF-1195, revoking the designation of the Position Title designation, to the Disbursing Officer to whom the original designation was submitted. Revocations will be effective on the latter of the effective date requested by the agency or the date received and processed by FMS.

When using the SF-1195 to document a revocation, Section I must be completed by the submitting agency.

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### **Section 1165 - Designation of Check Custodian, for Blank Treasury Check Stock**

The Check Custodian is a function of the FedSelect check system. FedSelect is a system which allows participating agencies to produce check type draft payments locally, using an FMS computing system and associated on-line agency computer equipment with blank check stock furnished through Treasury. Check Custodians are individuals to whom authority to order, receive and hold blank Treasury check stock has been delegated. The designating official must have a valid FMS Form 2958 on file with FMS, providing Certifying Officer designation authority for the agency.

Disbursing officers may distribute check stock only to properly designated Check Custodians,

Agency Location Codes, and shipping addresses shown on the FMS Form 210C. All requests for check stock must be documented on FMS Form 210RX, which must bear the same Check Custodian name, ALC, and shipping address as shown on the FMS 210C designating the Check Custodian. The original signature on the FMS 210RX must match the signature samples provided on FMS 210C.

**NOTE:**

*Check Custodians authorized to order, receive and hold Treasury check stock MAY NOT also be designated as a Certifying Officer (Authorized Issuing Officer) for payments utilizing the check stock.*

### 1165.10 - Preparation of FMS Form 210C

Sample copies of forms described in this section are located in the chapter's appendices. See the Appendices Listing at the end of this chapter for the specific form.

**NOTE:**

*It is critically important that ALL applicable sections of FMS Form 210C be completely and accurately filled in, by the submitting agency. All signatures must be in black, non-erasable ink, with the signature constrained to the block provided, and with no extraneous markings in the signature blocks. The signatures MUST BE the official signature of the individual signing. DO NOT use 'nick-names'.*

Use FMS Form 210C to designate Check Custodian(s), for blank Treasury check stock. This form must be prepared at the department, agency, or bureau level for which blank Treasury check stock will be held. Sections I, II, III, IV, VI and VII must be completed by

the submitting agency. Form instructions are located on the back of the form. The Agency Location Code(s) corresponding to the department, establishment or agency, and the bureau or office for which the Check Custodian will order, receive and hold check stock must be entered in Section I. The agency will retain copy 3 and forward copies 1 and 2 of the form to the Financial Management Service. See Contacts page for address.

On receipt, FMS, will verify the designation, sign and return copy 2 to the designating official, at the address provided in Section VI, with an acceptance label affixed to the back of the form. The receipt of copy 2 signifies FMS' acceptance. On receipt of copy 2, the designating official will verify the contents of copy 2 against the retained copy 3 to ensure that no alterations occurred. At the time of designation, the agency should advise Check Custodians of their legal and ethical responsibilities. For FMS Forms 210C that are rejected, copies 1 & 2 will be returned to the delegating official, at the address provided in Section VI, with a rejection label affixed to the back of the form, and a rejection report explaining the reason for rejection.

### 1165.20 - Expiration and Revocation

Check Custodian designations are **valid for a period of two (2) years** from the effective date, unless revoked earlier.

Two months prior to the expiration of the designation, FMS will notify the designating official of the pending expiration of the designation, by mailing a letter of notification of pending expiration to the address listed in Section VI of the FMS Form 210C that documented the designation. If there are **NO CHANGES** in the details of the designation, it may be renewed by having an authorized

Designating Official complete the "For Renewal Only" portion of the 'Letter of Notification of Pre-Expiration', and returning it to FMS, at the address specified in the letter. Designations that are about to expire, and for which there are no changes in the details of the designation, may also be renewed by submission of an 'Agency Initiated Letter of Renewal', signed by an authorized Designating Official. 'Agency Initiated Letters of Renewal' must be on the agency's letterhead; provide the name, type of designation, authorized ALCs, agency/bureau/division identification for the individual, and requested renewal date; and be signed by an authorized Designating Official with a valid FMS Form 2958 on file with FMS, providing designation authority for Certifying Officers. An 'Agency Initiated Letter of Renewal' may be used to renew multiple designations, at the same time. Designations, for which the details have changed, or the designee's signature has altered significantly since the last designation, must be renewed by submitting an FMS Form 210C (must be a new [original] FMS Form 210C [photocopies of a previously submitted FMS Form 210C are not acceptable]) with the Re-Designation block checked. Designations not renewed by their expiration date will become void as of that date and no further check stock will be released to the individual. Once a designation expires, a new designation must be submitted, on FMS Form 210C, to reinstate that individual.

When an individual for whom a designation is on file with FMS departs or otherwise becomes ineligible to act, the responsible designating official will forward an FMS Form 210C, revoking the designation of the departing/ineligible designee, to FMS. Revocations will be effective on the latter of the effective date requested by



the agency or the date received and processed by FMS.

When using the FMS Form 210C to document a revocation, Sections I, II, IV, V, VI and VII must be completed by the submitting agency.

### Section 1170 - Designation of Encryption Officers for Treasury Telecommunications Systems

Treasury regulations require that telecommunication links used to transmit payment request data files be protected by encryption. The use of encryption devices entail the generation, distribution, loading, and protection of encryption keys (secret data strings used to encrypt data). Agencies intending to connect to the FMS Wide Area Network, or use other telecommunication facilities to transmit payment request files to Treasury Regional Financial Centers, must designate Encryption Officers to FMS **whenever any portion of the encryption management function is to be entrusted to personnel of that agency**. Currently, the majority of agency telecommunication connections to the FMS Wide Area Network (FMS WAN) have the encryption management functions performed by Treasury contractors, which obviates the need for agencies to designate Encryption Officers. Encryption Officers **ARE NOT** required for the Treasury Electronic Certification System (ECS), as the ECS Security Administrators perform that function for the ECS.

#### 1170.10 - Preparation of FMS Form 210E

**Sample copies of forms described in this section are located in the chapter's appendices. See the Appendices Listing at the end of this chapter for the specific form.**

#### NOTE:

***It is critically important that ALL applicable sections of FMS Form 210E be completely and accurately filled in, by the submitting agency. All signatures must be in black, non-erasable ink, with the signature constrained to the block provided, and with no extraneous markings in the signature blocks. The signatures MUST BE the official signature of the individual signing. DO NOT use 'nicknames'.***

Use FMS Form 210E to designate Encryption Officers. When Encryption Officers are required, the agency must designate both an Encryption Officer One (EO1) and an Encryption Officer Two (EO2), which may not be the same individual. Sections I, II, III, IV, VI, and VII must be completed by the submitting agency. The connection(s) and application(s) for which the Encryption Officer will have responsibility should be entered in Section I. Check-off blocks are provided to indicate the purpose of the FMS 210E, the status of the connection (host or remote - the host is the controlling end of the connection, the remote is the other end, the Treasury end would normally be the Host) and the Encryption Officer type that is authorized. Form instructions are located on the back of the form. The agency will retain copy 3 and forward copies 1 and 2 of the form to the Financial Management Service. See Contacts page for address.

On receipt, FMS, will verify the designation, sign and return copy 2 to the designating official, at the address provided in Section VI, with an acceptance label affixed to the back of the form. The receipt of copy 2 signifies FMS' acceptance. On receipt of copy 2, the designating official will verify the contents of copy 2 against the retained copy 3 to ensure that no

alterations occurred. At the time of designation, the agency should advise the Encryption Officers of their legal and ethical responsibilities. For FMS Forms 210E that are rejected, copies 1 & 2 will be returned to the delegating official, at the address provided in Section VI, with a rejection label affixed to the back of the form, and a rejection report explaining the reason for rejection.

#### 1170.20 - Expiration and Revocation

Encryption Officer designations are **valid for two (2) years** from the effective date, unless revoked earlier.

Two months prior to the expiration of the designation, FMS will notify the designating official of the pending expiration of the designation, by mailing a letter of notification of pending expiration to the address listed in Section VI of the FMS Form 210E that documented the designation. If there are **NO CHANGES** in the details of the designation, it may be renewed by having an authorized Designating Official complete the "For Renewal Only" portion of the 'Letter of Notification of Pre-Expiration', and returning it to FMS, at the address specified in the letter. Designations that are about to expire, and for which there are no changes in the details of the designation, may also be renewed by submission of an 'Agency Initiated Letter of Renewal', signed by an authorized Designating Official. 'Agency Initiated Letters of Renewal' must be on the agency's letterhead; provide the name, type of designation, authorized ALCs, agency/bureau/division identification for the individual, and requested renewal date; and be signed by an authorized Designating Official with a valid FMS Form 2958 on file with FMS, providing designation authority for Encryption Officers. An 'Agency Initi-

ated Letter of Renewal' may be used to renew multiple designations, at the same time. Designations, for which the details have changed, or the designee's signature has altered significantly since the last designation, must be renewed by submitting an FMS Form 210E (must be a new [original] FMS Form 210E [photocopies of a previously submitted FMS Form 210E are not acceptable]) with the Re-Designation block checked. Designations not renewed by their expiration date will become void as of that date and no further checks will be released to the individual. Once a designation expires, a new designation must be submitted, on FMS Form 210E, to reinstate that individual.

When an individual for whom a designation is on file with FMS departs or otherwise becomes ineligible to act, the responsible designating official will forward an FMS Form 210E, revoking the designation of the departing/ineligible designee, to FMS. Revocations will be effective on the latter of the effective date requested by the agency or the date received and processed by FMS.

When using the FMS Form 210E to document a revocation, Sections I, II, IV, V, VI and VII must be completed by the submitting agency.

### **Section 1175 - Designation of ASAP Authorizing Officials and/or Financial Officials**

ASAP Authorizing Officials (AO) and Financial Officials (FO) are positions required for a Non-Federal organization (recipient) to participate in the Automated Standard System for Payments (ASAP) program. ASAP AOs are individuals to whom authority to approve (certify) ASAP organization enrollment documents and

designation of organization personnel as ASAP Users has been delegated, by a properly authorized ASAP designating official. ASAP FOs are individuals to whom authority to approve (certify) ASAP Payment Requestor Bank Information has been delegated, by a properly authorized ASAP designating official. The ASAP designating official must have a valid FMS Form 2958A on file with FMS, providing authority to designate Authorizing Officials and/or Financial Officials for the organization. **Officials, other than ASAP Head of Agency, delegated designation authority for Authorizing Officials and/or Financial Officials may not designate themselves as Authorizing or Financial Officials. (When it is necessary for such an individual to be designated as an AO and/or FO, the designation must be made by an official one level higher in the designation chain.)**

#### **1175.10 - Procedure: FMS Form 210A**

**Sample copies of forms described in this section are located in the chapter's appendices. See the Appendices Listing at the end of this chapter for the specific form.**

#### **NOTE:**

*It is critically important that ALL applicable sections of FMS Form 210A be completely and accurately filled in, by the submitting agency. All signatures must be in black, non-erasable ink, with the signature constrained to the block provided, and with no extraneous markings in the signature blocks. The signatures MUST BE the official signature of the individual signing. DO NOT use 'nicknames'.*

Use FMS Form 210A to designate organization ASAP Authoriz-

ing Official(s) (AO) and/or ASAP Financial Officials (FO). Sections I, II, III, IV, VI and VII must be completed by the submitting agency. Form instructions are provided on the back of the form. Check-off blocks are provided to indicate the purpose of the FMS 210A and the certification functions that are authorized. One or more of the certification functions must be checked, as appropriate. The designating official should retain copy 4 of the FMS Form 210A, and forward copies 1, 2, and 3 to the Regional Financial Center that is servicing the organization's ASAP enrollment.

On receipt of an FMS Form 210A, FMS will verify the designation, sign and return copy 2 to the designating official, at the address listed in Section VI of the form, with an acceptance label affixed to the back of the form. The receipt of copy 2 signifies FMS' acceptance. On receipt of copy 2, the designating official will verify the contents of copy 2 against the retained copy 4 to ensure that no alterations occurred. At the time of designation, the organization should advise the ASAP Authorizing Official and/or Financial Official of his/her legal responsibilities in the ASAP program. For FMS Forms 210A that are rejected, copies 1 & 2 will be returned to the designating official, at the address provided in Section VI, with a rejection label affixed to the back of the form, and a rejection report explaining the reason for rejection.

#### **1175.20 - Expiration and Revocation**

Designations for ASAP Authorizing and/or Financial Officials are **valid for a period of two (2) years** from the effective date, unless revoked earlier.

Two months prior to the expiration of the designation, FMS will notify the designating official of the pending expiration of the des-

ignation, by mailing a 'Letter of Notification of Pre-Expiration' to the address listed in Section VI of the FMS Form 210A that documented the designation. If there are NO CHANGES in the details of the designation, it may be renewed by having an authorized Designating Official complete the "For Renewal Only" portion of the 'Letter of Notification of Pre-Expiration', and returning it to FMS, at the address specified in the letter. Designations that are about to expire, and for which there are no changes in the details of the designation, may also be renewed by submission of an 'ASAP Organization Initiated Letter of Renewal', signed by an authorized Designating Official. 'ASAP Organization Initiated Letters of Renewal' must be on the organization's letterhead; provide the name, type of designation, authorized ALCs, organization and component identification for the individual, and requested renewal date; and be signed by an ASAP Designating Official with a valid FMS Form 2958A on file with FMS, providing designation authority for Authorizing Officials and/or Financial Officials. An 'ASAP Organization Initiated Letter of Renewal' may be used to renew multiple designations, at the same time. Designations, for which the details have changed, or the designee's signature has altered significantly since the last designation, must be renewed by submitting an FMS Form 210A (must be a new [original] FMS Form 210A [photocopies of a previously submitted FMS Form 210A are not acceptable]) with the Re-Designation block checked. Designations not renewed by their expiration date will become void as of that date and no further certifications will be accepted from the individual. Once a designation expires, a new designation must be submitted, on FMS Form 210A, to reinstate that individual.

When an individual for whom a designation is on file with FMS departs or otherwise becomes ineligible to act, the responsible designating official will forward an FMS Form 210A, revoking the designation of the departing/ineligible designee, to FMS. Revocations will be effective on the latter of the effective date requested by the organization or the date received and processed by FMS.

When using the FMS Form 210A to document a revocation, Sections I, II, IV, V, VI, and VII must be completed by the submitting organization.

### **Section 1180 - Use of FMS Form 210ECS**

FMS Form 210ECS is a multi-use form, that serves a number of purposes. The form is a three-part, self carbon, form set, with instructions for completion of the form on the reverse. The form may be completed via typewriter, impact printer, or by hand. FMS Form 210ECS may be used as follows:

- In conjunction with FMS Form 210, 210DEO, or 210S to request issuance of ECS ID, token and PIN for a Certifying Officer being designated with ECS certification Authority, ECS ID (ECS ID, token and PIN, after October 1, 1997) for an ECS Data Entry Operator being newly designated, or ID token and PIN for an ECS Security Administrator being newly designated.
- In conjunction with FMS Form 210, 210DEO, or 210S to notify FMS of any changes regarding ECS Certifying Officers, Data Entry Operators or Security Administrators, who have already been designated (such as addition or deletion of authorized ALCs, CO or SA type changes, addition or deletion of authorized Disbursing offices, name changes, etc.).

- Used alone to notify FMS of ECS Personnel Type changes for ECS Certifying Officers and Security Administrators that have been previously designated (such as from SA to TSA, TSA to MSA, CO to MCO, etc.).
- Used alone to notify FMS of revocation of designated authority for ECS Security Administrators or ECS Data Entry Operators. (MAY NOT be used to revoke certification authority of Certifying Officers.)
- Used alone to notify FMS of changes in the Disbursing Office Locations for an existing ECS Certifying Officer, Data Entry Operator, or Security Administrator.
- Used alone to notify FMS of changes (additions or deletions) to ALCs that an ECS Certifying Officer, Data Entry Operator, or Security Administrator may exercise authority for.

#### **1180.10 - FMS Form 210ECS used, in conjunction with an FMS Form 10, 210DEO, or 210S, as a request for issuance of ECS token, PIN and ID for individuals being designated as Certifying Officers with ECS certification authority, Data Entry Operator, or Security Administrator**

All new Certifying Officer designations submitted to FMS, on FMS Form 210, must be accompanied by an FMS Form 210ECS, with Section I completed, whenever the designation includes authority to certify payment schedules using the Treasury Electronic Certification System (ECS). All new ECS Data Entry Operator and ECS Security Officer designations submitted to FMS, on FMS Form 210DEO and 210S, must be accompanied by an FMS Form 210ECS, with Section I completed.

For Certifying Officers, date the top of the form and complete the following elements in Section I of the FMS Form 210ECS: Authorized ALCs; Agency MSA name and ECS system address; check for new or existing ECS Site (as appropriate), if existing site, enter FPA-ID and PC-ID; check New Designation; list reason(s) for action in comments; check Certifying Officer block under ECS Personnel Type, and check proper sub-type (MCO, TCO or CO); enter name, phone, and title of the CO designee; the effective date of the designation; the Primary FMS Regional Financial Center (RFC) providing service to the agency (this is the RFC with which the agency has its primary 'business' arrangement); and any other RFCs that will be used by the agency. Enter the name, title, agency, Bureau, and Division for the Designating Official (must have an FMS Form 2958 on file with FMS, providing designation authority for Certifying Officers). The Designating Official must sign in the Designator Signature Block, using black, non-erasable ink. The signature should be constrained within the box provided, and be the official signature of the signer.

For ECS Data Entry Operators, date the top of the form and complete the following elements in Section I of the FMS Form 210ECS: Authorized ALCs; Agency MSA name and ECS system address; check for new or existing ECS Site (as appropriate), if existing site, enter FPA-ID and PC-ID; check New Designation; list reason(s) for action in comments; check Data Entry Operator block under ECS Personnel Type; enter name, phone, and title of the DEO designee; the effective date of the designation; the Primary FMS Regional Financial Center (RFC) providing service to the agency (this is the RFC with which the agency has its primary 'business' arrangement); and any other

RFCs that will be used by the agency. Enter the name, title, agency, Bureau, and Division for the Designating Official (must have an FMS Form 2958 on file with FMS, providing designation authority for ECS Security Administrators). The Designating Official must sign in the Designator Signature Block, using black, non-erasable ink. The signature should be constrained within the box provided, and be the official signature of the signer.

For Security Administrators, date the top of the form and complete the following elements in Section I of the FMS Form 210ECS: Authorized ALCs; Agency MSA name and ECS system address; check for new or existing ECS Site (as appropriate), if existing site, enter FPA-ID and PC-ID; check New Designation; list reason(s) for action in comments; check Security Administrator block under ECS Personnel Type, and check proper sub-type (MSA, TSA or SA); enter name, phone, and title of the SA designee; the effective date of the designation; the Primary FMS Regional Financial Center (RFC) providing service to the agency (this is the RFC with which the agency has its primary 'business' arrangement); and any other RFCs that will be used by the agency. Enter the name, title, agency, Bureau, and Division for the Designating Official (must have an FMS Form 2958 on file with FMS, providing designation authority for ECS Security Administrators). The Designating Official must sign in the Designator Signature Block, using black, non-erasable ink. The signature should be constrained within the box provided, and be the official signature of the signer.

Retain copy 3 of the FMS Form 210ECS, and forward copies 1 & 2 to FMS, with the corresponding FMS Form 210, 210DEO, or 210S. (Address is provided on the top of the form.)

All re-designations of Certifying Officer submitted to FMS, on FMS Form 210, must be accompanied by an FMS Form 210ECS, with Section I completed, whenever the designation includes authority to certify payment schedules using the Treasury Electronic Certification System (ECS). All re-designations of ECS Data Entry Operator and ECS Security Officer designations submitted to FMS, on FMS Form 210DEO and 210S, must be accompanied by an FMS Form 210 ECS, with Section I completed. Complete FMS Form 210ECS Section I in the same manner as for new designations, above, with the following exceptions: under ECS User Site, check Existing ECS Site and enter FPA-ID and PC-ID; and under Designation Action, check Re-Designation and enter the existing User-ID of the designee.

**1180.20 - FMS Form 210ECS used, in conjunction with an FMS Form 10, 210DEO, or 210S, to request changes (including revocation) regarding ECS Certifying Officers, Data Entry Operators, or Security Administrators, who were previously designated**

All changes (ALCs, certification authority, name changes, revocation, etc.) regarding Certifying Officer designations submitted to FMS, on FMS Form 210, must be accompanied by an FMS Form 210ECS, with Section I completed, whenever the designation includes authority to certify payment schedules using the Treasury Electronic Certification System (ECS). All changes (ALCs, authority, name changes, revocation, etc.) regarding ECS Data Entry Operator and ECS Security Officer designations submitted to FMS, on FMS Form 210DEO and 210S, must be accompanied by an FMS Form 210 ECS, with Section I completed.

For Certifying Officers, date the top of the form and complete the following elements in Section I of the FMS Form 210ECS: Authorized ALCs; Agency MSA name and ECS system address; check for existing ECS Site, enter FPA-ID and PC-ID; check Re-Designation or Revocation, as appropriate and enter User-ID; list reason(s) for action in comments; check Certifying Officer block under ECS Personnel Type, and check proper sub-type (MCO, TCO or CO); enter name, phone, and title of the CO designee; the effective date of the change being documented; the Primary FMS Regional Financial Center (RFC) providing service to the agency (this is the RFC with which the agency has its primary 'business' arrangement); and any other RFCs that will be used by the agency. Enter the name, title, agency, Bureau, and Division for the Designating Official (must have an FMS Form 2958 on file with FMS, providing designation authority for Certifying Officers). The Designating Official must sign in the Designator Signature Block, using black, non-erasable ink. The signature should be constrained within the box provided, and be the official signature of the signer.

For ECS Data Entry Operators, date the top of the form and complete the following elements in Section I of the FMS Form 210ECS: Authorized ALCs; Agency MSA name and ECS system address; check for existing ECS Site, enter FPA-ID and PC-ID; check Re-Designation or Revocation, as appropriate and enter User-ID; list reason(s) for action in comments; check Data Entry Operator block under ECS Personnel Type; enter name, phone, and title of the DEO designee; the effective date of the change; the Primary FMS Regional Financial Center (RFC) providing service to the agency (this is the RFC with which the agency has its primary

'business' arrangement); and any other RFCs that will be used by the agency. Enter the name, title, agency, Bureau, and Division for the Designating Official (must have an FMS Form 2958 on file with FMS, providing designation authority for Certifying Officers). The Designating Official must sign in the Designator Signature Block, using black, non-erasable ink. The signature should be constrained within the box provided, and be the official signature of the signer.

For Security Administrators, date the top of the form and complete the following elements in Section I of the FMS Form 210ECS: Authorized ALCs; Agency MSA name and ECS system address; check for existing ECS Site, enter FPA-ID and PC-ID; check Re-Designation or Revocation, as appropriate and enter User-ID; list reason(s) for action in comments; check Security Administrator block under ECS Personnel Type, and check proper sub-type (MSA, TSA or SA); enter name, phone, and title of the SA designee; the effective date of the change; the Primary FMS Regional Financial Center (RFC) providing service to the agency (this is the RFC with which the agency has its primary 'business' arrangement); and any other RFCs that will be used by the agency. Enter the name, title, agency, Bureau, and Division for the Designating Official (must have an FMS Form 2958 on file with FMS, providing designation authority for Security Administrators). The Designating Official must sign in the Designator Signature Block, using black, non-erasable ink. The signature should be constrained within the box provided, and be the official signature of the signer.

Retain copy 3 of the FMS Form 210ECS, and forward copies 1 & 2 to FMS, with the corresponding FMS Form 210, 210DEO, or 210S. (Address is provided on the top of the form.)

### **1180.30 - FMS Form 210ECS used to request Personnel Type changes for previously designated ECS Certifying Officers and Security Administrators**

When an agency determines that it is necessary to change the ECS Personnel Type of an ECS Certifying Officer or Security Administrator, the change may be documented to FMS using an FMS Form 210 ECS, with Section I completed.

For Certifying Officers, date the top of the form and complete the following elements in Section I of the FMS Form 210ECS: Authorized ALCs; Agency MSA name and ECS system address; check for existing ECS Site, enter FPA-ID and PC-ID; check Re-Designation and enter User-ID; list reason(s) for action in comments (such as - "Change type of CO designation from xxx to xxx"); check Certifying Officer block under ECS Personnel Type, and check the desired new type (MCO, TCO or CO); enter name, phone, and title of the CO designee; the effective date of the change being documented; the Primary FMS Regional Financial Center (RFC) providing service to the agency (this is the RFC with which the agency has its primary 'business' arrangement); and any other RFCs that will be used by the agency. Enter the name, title, agency, Bureau, and Division for the Designating Official (must have an FMS Form 2958 on file with FMS, providing designation authority for Certifying Officers). The Designating Official must sign in the Designator Signature Block, using black, non-erasable ink. The signature should be constrained within the box provided, and be the official signature of the signer.

For Security Administrators, date the top of the form and complete the following elements in

Section I of the FMS Form 210ECS: Authorized ALCs; Agency MSA name and ECS system address; check for existing ECS Site, enter FPA-ID and PC-ID; check Re-Designation and enter User-ID; list reason(s) for action in comments (such as - "Change type of SA designation from xxx to xxx"); check Security Administrator block under ECS Personnel Type, and check the desired new type (MSA, TSA or SA); enter name, phone, and title of the SA designee; the effective date of the change; the Primary FMS Regional Financial Center (RFC) providing service to the agency (this is the RFC with which the agency has its primary 'business' arrangement); and any other RFCs that will be used by the agency. Enter the name, title, agency, Bureau, and Division for the Designating Official (must have an FMS Form 2958 on file with FMS, providing designation authority for Security Administrators). The Designating Official must sign in the Designator Signature Block, using black, non-erasable ink. The signature should be constrained within the box provided, and be the official signature of the signer.

Retain copy 3 of the FMS Form 210ECS, and forward copies 1 & 2 to FMS, with the corresponding FMS Form 210 or 210S. (Address is provided on the top of the form.)

**1180.40 - FMS Form 210ECS used to request revocation of designated authority for ECS Security Administrators and/or ECS Data Entry Operators (MAY NOT be used to revoke certification authority of Certifying Officers)**

The designation of an individual as an ECS Security Administrator or Data Entry Operator may be revoked using an FMS Form 210 ECS, with Section I completed. The certification authority

of a Certifying Officer MAY NOT be revoked using an FMS Form 210ECS, FMS Form 210 MUST BE used to revoke Certifying Officer authority.

For Security Administrators, date the top of the form and complete the following elements in Section I of the FMS Form 210ECS: Authorized ALCs authority is being revoked for; Agency MSA name and ECS system address; check for existing ECS Site, enter FPA-ID and PC-ID; check Revocation, and enter User-ID; list reason(s) for action in comments (such as - "Revoke SA designation"); check Security Administrator block under ECS Personnel Type, and check proper sub-type (MSA, TSA or SA); enter name, phone, and title of the SA designee; the effective date of the revocation; the Primary FMS Regional Financial Center (RFC) providing service to the agency (this is the RFC with which the agency has its primary 'business' arrangement); and any other RFCs that will be used by the agency. Enter the name, title, agency, Bureau, and Division for the Designating Official (must have an FMS Form 2958 on file with FMS, providing designation authority for Security Administrators). The Designating Official must sign in the Designator Signature Block, using black, non-erasable ink. The signature should be constrained within the box provided, and be the official signature of the signer.

For ECS Data Entry Operators, date the top of the form and complete the following elements in Section I of the FMS Form 210ECS: Authorized ALCs that authority is being revoked for; Agency MSA name and ECS system address; check for existing ECS Site, enter FPA-ID and PC-ID; check Revocation, and enter User-ID; list reason(s) for action in comments (such as - "Revoke DEO designation"); check Data Entry Operator block under ECS Person-

nel Type; enter name, phone, and title of the DEO designee; the effective date of the revocation; the Primary FMS Regional Financial Center (RFC) providing service to the agency (this is the RFC with which the agency has its primary 'business' arrangement); and any other RFCs that will be used by the agency. Enter the name, title, agency, Bureau, and Division for the Designating Official (must have an FMS Form 2958 on file with FMS, providing designation authority for Certifying Officers). The Designating Official must sign in the Designator Signature Block, using black, non-erasable ink. The signature should be constrained within the box provided, and be the official signature of the signer.

Retain copy 3 of the FMS Form 210ECS, and forward copies 1 & 2 to FMS, with the corresponding FMS Form 210S or 210DEO. (Address is provided on the top of the form.)

**1180.50 - FMS Form 210ECS used to request changes in the Disbursing Office Locations for an existing ECS Certifying Officer, Data Entry Operator, or Security Administrator**

The Disbursing Office Location(s) for which a Certifying Officer, ECS Security Administrator or Data Entry Operator designation was originally made, may be changed (deleted or added) using an FMS Form 210 ECS, with Section I completed.

For Certifying Officers, date the top of the form and complete the following elements in Section I of the FMS Form 210ECS: Authorized ALCs; Agency MSA name and ECS system address; check for existing ECS Site, enter FPA-ID and PC-ID; check Re-Designation, and enter User-ID; list reason(s) for action in comments (such as - "Delete Disburs-

ing Office Locations.” or “Add Disbursing Office Locations.”); check Certifying Officer block under ECS Personnel Type, and check proper sub-type (MCO, TCO or CO); enter name, phone, and title of the CO designee; the effective date of the change being documented; the new (or old if not changed) Primary FMS Regional Financial Center (RFC) providing service to the agency (this is the RFC with which the agency has its primary ‘business’ arrangement); and any other RFCs (include only RFCs that are currently desired) that will be used by the agency. Enter the name, title, agency, Bureau, and Division for the Designating Official (must have an FMS Form 2958 on file with FMS, providing designation authority for Certifying Officers). The Designating Official must sign in the Designator Signature Block, using black, non-erasable ink. The signature should be constrained within the box provided, and be the official signature of the signer.

For ECS Data Entry Operators, date the top of the form and complete the following elements in Section I of the FMS Form 210ECS: Authorized ALCs; Agency MSA name and ECS system address; check for existing ECS Site, enter FPA-ID and PC-ID; check Re-Designation, and enter User-ID; list reason(s) for action in comments (such as - “Delete Disbursing Office Locations.” or “Add Disbursing Office Locations.”); check Data Entry Operator block under ECS Personnel Type; enter name, phone, and title of the DEO designee; the effective date of the change; the new (or old if not changed) Primary FMS Regional Financial Center (RFC) providing service to the agency (this is the RFC with which the agency has its primary ‘business’ arrangement); and any other RFCs (include only RFCs that are currently desired) that will be used by the agency. Enter the name, title,

agency, Bureau, and Division for the Designating Official (must have an FMS Form 2958 on file with FMS, providing designation authority for Certifying Officers). The Designating Official must sign in the Designator Signature Block, using black, non-erasable ink. The signature should be constrained within the box provided, and be the official signature of the signer.

For Security Administrators, date the top of the form and complete the following elements in Section I of the FMS Form 210ECS: Authorized ALCs; Agency MSA name and ECS system address; check for existing ECS Site, enter FPA-ID and PC-ID; check Re-Designation, and enter User-ID; list reason(s) for action in comments (such as - “Delete Disbursing Office Locations.” or “Add Disbursing Office Locations.”); check Security Administrator block under ECS Personnel Type, and check proper sub-type (MSA, TSA or SA); enter name, phone, and title of the SA designee; the effective date of the change; the new (or old if not changed) Primary FMS Regional Financial Center (RFC) providing service to the agency (this is the RFC with which the agency has its primary ‘business’ arrangement); and any other RFCs (include only RFCs that are currently desired) that will be used by the agency. Enter the name, title, agency, Bureau, and Division for the Designating Official (must have an FMS Form 2958 on file with FMS, providing designation authority for Security Administrators). The Designating Official must sign in the Designator Signature Block, using black, non-erasable ink. The signature should be constrained within the box provided, and be the official signature of the signer.

Retain copy 3 of the FMS Form 210ECS, and forward copies 1 & 2 to FMS, with the corresponding FMS Form 210, 210DEO, or 210S.

(Address is provided on the top of the form.)

**1180.60 - FMS Form 210ECS used to request changes (additions or deletions) to ALCs for which an ECS Certifying Officer, Data Entry Operator, or Security Administrator may exercise authority**

The Agency Location Codes(s) (ALCs) for which a Certifying Officer, ECS Security Administrator or Data Entry Operator designation was originally made, may be changed (deleted or added) using an FMS Form 210 ECS, with Section I completed.

For Certifying Officers, date the top of the form and complete the following elements in Section I of the FMS Form 210ECS: Authorized ALCs (complete list of old ones that will remain in effect and any new ones); Agency MSA name and ECS system address; check for existing ECS Site, enter FPA-ID and PC-ID; check Re-Designation, and enter User-ID; list reason(s) for action in comments (such as - “Delete ALCs xxxxxxxx.” or “Add ALCs xxxxxxxx.”); check Certifying Officer block under ECS Personnel Type, and check proper sub-type (MCO, TCO or CO); enter name, phone, and title of the CO designee; the effective date of the change being documented; the Primary FMS Regional Financial Center (RFC) providing service to the agency (this is the RFC with which the agency has its primary ‘business’ arrangement); and any other RFCs that will be used by the agency. Enter the name, title, agency, Bureau, and Division for the Designating Official (must have an FMS Form 2958 on file with FMS, providing designation authority for Certifying Officers). The Designating Official must sign in the Designator Signature Block, using black, non-erasable ink. The

signature should be constrained within the box provided, and be the official signature of the signer.

For ECS Data Entry Operators, date the top of the form and complete the following elements in Section I of the FMS Form 210ECS: Authorized ALCs (complete list of old ones that will remain in effect and any new ones); Agency MSA name and ECS system address; check for existing ECS Site, enter FPA-ID and PC-ID; check Re-Designation, and enter User-ID; list reason(s) for action in comments (such as - "Delete ALCs xxxxxxxx." or "Add ALCs xxxxxxxx."); check Data Entry Operator block under ECS Personnel Type; enter name, phone, and title of the DEO designee; the effective date of the change; the Primary FMS Regional Financial Center (RFC) providing service to the agency (this is the RFC with which the agency has its primary 'business' arrangement); and any other RFCs that will be used by the agency. Enter the name, title, agency, Bureau, and Division for the Designating Official (must have an FMS Form 2958 on file with FMS, providing designation authority for Certifying Officers). The Designating Official must sign in the Designator Signature Block, using black, non-erasable ink. The signature should be constrained within the box provided, and be the official signature of the signer.

For Security Administrators, date the top of the form and complete the following elements in Section I of the FMS Form 210ECS: Authorized ALCs (complete list of old ones that will remain in effect and any new ones); Agency MSA name and ECS system address; check for existing ECS Site, enter FPA-ID and PC-ID; check Re-Designation, and enter User-ID; list reason(s) for action in comments (such as - "Delete ALCs xxxxxxxx." or "Add ALCs xxxxxxxx."); check Security Administrator block under ECS Per-

sonnel Type, and check proper sub-type (MSA, TSA or SA); enter name, phone, and title of the SA designee; the effective date of the change; the Primary FMS Regional Financial Center (RFC) providing service to the agency (this is the RFC with which the agency has its primary 'business' arrangement); and any other RFCs that will be used by the agency. Enter the name, title, agency, Bureau, and Division for the Designating Official (must have an FMS Form 2958 on file with FMS, providing designation authority for Security Administrators). The Designating Official must sign in the Designator Signature Block, using black, non-erasable ink. The signature should be constrained within the box provided, and be the official signature of the signer.

Retain copy 3 of the FMS Form 210ECS, and forward copies 1 & 2 to FMS, with the corresponding FMS Form 210, 210DEO, or 210S. (Address is provided on the top of the form.)

### **1180.70 - FMS Processing of FMS Form 210ECS**

Upon receipt, FMS will process and validate the signature of the Designating Official signing the FMS Form 210ECS. Designations, changes and revocations documented by FMS Form 210ECS will be entered into the FMS automated tracking system, a copy of copy 1 will be retained, and copies 1 & 2 will be forwarded to the FMS ECS Central Key Management System, with an acceptance label affixed to the rear of the forms. The FMS ECS Central Key Management System will be updated to reflect the additions, changes and/or deletions reflected by the FMS Form 210ECS, appropriate action will be noted in Section II, and copy 2 will be returned to the submitting agency, with any FMS Form 210RC, RD or RS that may be required to document re-

ceipt of IDs, tokens and or PINs produced as a result of the action documented by the FMS Form 210ECS.

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### **Section 1185 - Use of FMS Forms 210RC, 210RD, and 210RS**

As a prerequisite for use of the Treasury Electronic Certification System (ECS), a Certifying Officer or ECS Security Administrator must be issued an ECS User ID, token (smartcard) and PIN. A Data Entry Operator must be issued an ECS User ID (after October 1, 1997, DEOs will also be issued tokens (smartcards) and PINs). The ECS User ID, token (smartcard) and PIN are controlled items, and must be receipted for, prior to their activation for use of the ECS. Recipients receipt for ECS User ID, token and PIN using FMS Form 210RC (for Certifying Officer), FMS Form 210RD (for Data Entry Operator), or FMS Form 210RS (for Security Administrator).

FMS Forms 210RC, 210RD and 210RS are single page forms with instructions for completion at the bottom of the form. The forms may be completed via typewriter, impact printer, or by hand. All ECS using agency locations should maintain a supply of these forms. FMS Forms 210RC, 210RD and 210RS are used as follows:

- ECS authorized Certifying Officers use FMS Form 210RC to receipt for their tokens and/or PINs. The form is also used to document the addition of the CO's ECS User ID to the ECS PC CO Table.
- ECS Data Entry Operators currently use FMS Form 210RD to receipt for their ECS User ID. After October 1, 1997, they will also use the form to receipt for their tokens and/or PINs. The form is also used to document the



addition of the DEO's ECS User ID to the ECS PC DEO Table.

- ECS Security Administrators use FMS Form 210RS to receipt for their tokens and/or PINs. The form is also used to document the addition of the SA's ECS User ID to the ECS PC SA Table.

**1185.10 - FMS Form 210RC used to receipt for ECS token, PIN and ID or individuals being designated as Certifying Officers with ECS certification authority**

Two methods of issue are used for Certifying Officer ECS tokens (smartcards) and PINs. For Master Certifying Officers (MCO) the token and PIN are created by the ECS Central Key Management System (CKMS) Security Officer Two (SO2), and mailed to the MCO in separate tamper-evident envelopes. For all other COs (TCO and CO), the token and PIN are created by the agency's MCO, using key data downloaded from the CKMS.

For MCOs, upon receipt of token and PIN, the receiving MCO completes Sections I and II, and Part 3 of Section III, of the FMS Form 210RC. The agency Master Security Administrator (MSA) completes Part 1 of Section III, and forwards the form to the ECS CKMS SO2.

For all other COs (TCO and CO), upon receipt of token and PIN created via download, the receiving CO completes Section I and II, and Part 3 of Section III, of the FMS Form 210RC. The agency Master Security Administrator (MSA) completes Parts 1 and 2 of Section III, and forwards the form to the ECS CKMS SO2.

**1185.20 - FMS Form 210RD used to receipt for ECS token, PIN and ID or individuals being designated as ECS Data Entry Operators**

ECS Data Entry Operators are currently issued an ECS ID only. After October 1, 1997, ECS Data Entry Operators will be issued an ECS User ID, plus a token and PIN. When token and PIN issue commences, it will be via the token and PIN being created by the agency's MSA, using key data downloaded from the CKMS.

For current ECS ID only issue, upon receipt of ECS ID, the receiving DEO completes Sections I and II, and Part 3 of Section III, of the FMS Form 210RD. The agency Master Security Administrator (MSA) completes Part 1 of Section III, and forwards the form to the ECS CKMS SO1.

For issue of ECS ID, token and PIN, upon receipt of token and PIN created via download, the receiving DEO completes Section I and II, and Part 3 of Section III, of the FMS Form 210RD. The agency Master Security Administrator (MSA) completes Parts 1 and 2 of Section III, and forwards the form to the ECS CKMS SO1.

**1185.30 - FMS Form 210RS used to receipt for ECS token, PIN and ID or individuals being designated as ECS Security Administrators**

Two methods of issue are used for ECS Security Administrator tokens (smartcards) and PINs. For Master Security Administrators (MSA) the token and PIN are created by the ECS Central Key Management System (CKMS) Security Officer One (SO1), and mailed to

the MSA in separate tamper-evident envelopes. For all other SAs (TSA and SA), the token and PIN are created by the agency's MSA, using key data downloaded from the CKMS.

For MSAs, upon receipt of token and PIN, the receiving MSA completes Sections I and II, and Part 3 of Section III, of the FMS Form 210RC. The agency Master Security Administrator (MSA) completes Part 1 of Section III, and forwards the form to the ECS CKMS SO2. If the MSA is the ORIGINAL MSA for a new ECS site, the MSA completes Sections I and II, and Part 1 and 2 of Section III, and forwards the form to the ECS CKMS SO1.

For all other SAs (TSA and SA), upon receipt of token and PIN created via download, the receiving SA completes Section I and II, and Part 3 of Section III, of the FMS Form 210RS. The agency Master Security Administrator (MSA) completes Parts 1 and 2 of Section III, and forwards the form to the ECS CKMS SO1.

**1185.40 - FMS Processing of FMS Forms 210RC, 210RD, and 210RS**

Upon receipt, FMS will process and validate the signature of the receiving individual signing the FMS Form 210RC, RD, or RS (in Part 3 of Section III of the form). After validation of the receipt for both token and PIN, the record for the individual will be activated in the FMS ECS Central Key Management System. ECS CKMS records, for which a properly executed receipt (FMS Form 210RC, RD, or RS, as appropriate) is not received, will not be activated, and may not be used.

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## CONTACTS

*For more information about this chapter:*

Department of the Treasury  
Financial Management Service  
401 14th Street, SW.  
Washington, DC 20227  
ATTN: Chief Disbursing Officer, Rm. 344  
(Telephone 202-874-6790, 202-874-7137, or 202-874-6800)

**Address for submission of Delegation and Designation forms:**

All FMS Form 2958 and FMS 210 Series Forms must be submitted to:  
Department of the Treasury  
Financial Management Service  
401 14th Street, SW.  
Washington, DC 20227  
ATTN: Chief Disbursing Officer, Rm. 328A

**Submit orders for the forms described in this chapter to:**

Property and Supply Section  
Facilities Management Division  
Financial Management Service  
Department of the Treasury  
Ardmore East Business Center  
3361-L 75th Avenue  
Landover, MD 20785  
(Telephone: 301-344-8577)

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**APPENDICES LISTING**

<b>App. No.</b>	<b>Form</b>	<b>Title</b>
1	FMS 2958	Delegation of Authority
2	FMS 2958A	Delegation of Authority (ASAP)
3	FMS 210	Designation for Certifying Officer
4	FMS 210A	Designation for ASAP Authorizing Official and Financial Official
5	FMS 210C	Designation for Check Custodian
6	FMS 210D	Designation for Agent to Receive & Deliver Checks
7	FMS 210DEO	Designation for ECS Data Entry Operator
8	FMS 210E	Designation for Encryption Officer
9	FMS 210ECS	ECS User Designation Form
10	FMS 210S	Designation for ECS Security Administrator
11	FMS 210RC	Receipt for ECS Certifying Officer Token/PIN
12	FMS 210RD	Receipt for ECS Data Entry Operator ID
13	FMS 210RS	Receipt for ECS Security Administrator Token/PIN
14	FMS 210RX	Order/Receipt for FedSelect Blank Check Stock

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Chief Disbursing Officer  
 Financial Management Service  
 401 14th Street S.W.  
 Washington, DC 20227

Date: \_\_\_\_\_

DELEGATION OF AUTHORITY	
<b>Section I - DELEGATION AND RE-DELEGATION</b>	
In Accordance with the authority vested in me by the head of this agency or his/her designee, I hereby delegate to the individual whose name, title and signature samples appear below the authority to:	
<input type="checkbox"/> Designate Certifying Officers	Authority <input type="checkbox"/> MAY / <input type="checkbox"/> MAY NOT Be Redelegated
<input type="checkbox"/> Designate Electronic Certification Security Administrators	Authority <input type="checkbox"/> MAY / <input type="checkbox"/> MAY NOT Be Redelegated
<input type="checkbox"/> Designate Communications Encryption Officers	Authority <input type="checkbox"/> MAY / <input type="checkbox"/> MAY NOT Be Redelegated
<input type="checkbox"/> Appoint Cashiers	Authority <input type="checkbox"/> MAY / <input type="checkbox"/> MAY NOT Be Redelegated
<input type="checkbox"/> Other _____ <span style="font-size: x-small; display: block; text-align: center;">(Specify)</span>	Authority <input type="checkbox"/> MAY / <input type="checkbox"/> MAY NOT Be Redelegated
<b>TYPE OF DELEGATION ACTION: [CHECK ONE]</b>	
<input type="checkbox"/> ORIGINAL DELEGATION	<input type="checkbox"/> RE-DELEGATION
<b>Section II - DESIGNEE</b>	
Name of Designee: _____	
Title: _____	Effective Date: _____
Agency: _____	Bureau: _____
Division: _____	Phone: _____
<b>Section III - SIGNATURE SAMPLES OF DESIGNEE [ Designee must sign in ALL all boxes in <b>BLACK INK</b>]</b>	
<b>Section IV - DELEGATOR SIGNATURE [ Delegator must sign in box in <b>BLACK INK</b>]</b>	
	Name: _____
	Title: _____
	Agency: _____
	Bureau: _____
	Division: _____
<b>Section V - REVOCATION</b>	
<input type="checkbox"/> The Authority of the individual named in Section II is revoked.	
<b>Section VI - RETURN ADDRESS OF DELEGATOR</b>	<b>Section VII - To Be Completed by FMS</b>
Address: _____	Transmittal No.: _____
_____	Accomplished Date: _____
Phone: _____	By: _____

### Instructions for FMS Form 2958

1. If this is the first delegation or revocation submitted by the individual signing in Section IV and this individual was delegated authority directly by the head of the agency by letter on file with the Financial Management Service, this form FMS 2958 must be submitted under cover of a transmittal letter or agency certification form to which the agency's official seal is affixed. This does not apply to officials to whom authority was originally delegated on form FMS 2958 which is on file with the Financial Management Service.
2. Only one individual may be delegated authority or revoked per form.

#### Section I

- More than one block may be checked for type of authority to be delegated.
- ALL 'Authority' blocks should be checked for Head of Agency Self-Delegations.
- For each block checked, authority to redelegate must be indicated by checking either the "MAY" or "MAY NOT" block, for that item, as appropriate. **Either the "MAY" or "MAY NOT" block must be checked for each type of delegation authority checked!** For Head of Agency Self-Delegations, the "MAY" block should be checked for ALL authorities.
- Check the appropriate block for "Type of Delegation Action", only one block may be checked. Check "Original" for new delegations or check "Re-delegation" for renewals of existing delegations

#### Section II

- The "Agency" line should be completed to include the operational level of the designee. Abbreviations may be used; e.g., U.S. Treas. Dept., Fin. Mgmt. Ser., Operations Group.
- For "Effective Date" enter the date that the delegation is to be effective on. Delegation's are good for a period of two years from the effective date. The actual effective date will be the latter of, the requested effective date and the date the delegation is actually accepted by FMS.

#### Section III

- Designee must sign in all four boxes.
- All signatures must be in longhand and contain either full signature or initials and last name, but not both.
- All signatures must be clearly legible in **black ink** for reproduction purposes.
- Designee must sign in the same manner as he/she will be using on future documents to be submitted to the Financial Management Service.

#### Section IV

- All forms FMS 2958 must be signed in this section by an authorized delegator.
- Signature must be in the box and clear and legible, using **black ink** for reproduction purposes.
- An accomplished copy of form FMS 2958 will be returned directly to the delegator, at the address specified in Section VI.
- Delegators are cautioned to review accomplished copies to ensure no changes to form FMS 2958 have occurred between signature and acceptance by the Financial Management Service.

#### Section V

- Completion of this section revokes all authority originally delegated, as of the "Effective Date". If partial authority is to be retained, such as appoint cashiers but not designate certifying officers, an additional form FMS 2958 must be received re-delegating authority to appoint cashiers.

#### Section VI

- Must be completed to reflect **return address of the delegator signing in Section IV.**

#### Section VII

- Will be completed by the Financial Management Service.
- If accomplished date is later than effective date, the accomplished date will become the effective date.





**PLEASE READ DIRECTIONS ON REVERSE  
BEFORE COMPLETING FORM!**

Date: \_\_\_\_\_

**DELEGATION OF AUTHORITY (ASAP)**

**Section I - DELEGATION AND RE-DELEGATION**

In Accordance with the authority vested in me by the head of this organization or his/her designee, I hereby delegate to the individual whose name, title and signature samples appear below the authority to:

- Designate ASAP Authorizing Official (for certification of ASAP Organization Enrollment and User ID Request Form) Authority  MAY /  MAY NOT Be Redelegated
- Designate ASAP Financial Official (for certification of ASAP Payment Requestor Bank Information Form) Authority  MAY /  MAY NOT Be Redelegated

TYPE OF DELEGATION ACTION: [CHECK ONE]

- ORIGINAL DELEGATION
- RE-DELEGATION

**Section II - DESIGNEE**

Name of Designee: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Effective Date: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 FULL Organization Name: \_\_\_\_\_

**Section III - SIGNATURE SAMPLES OF DESIGNEE [ Designee must sign in ALL boxes in BLACK INK]**


**Section IV - DELEGATOR SIGNATURE [ Delegator must sign in box in BLACK INK]**

	Name: _____ Title: _____ FULL Organization Name: _____ _____ _____
--	--

**Section V - REVOCATION**

- The Authority of the individual named in Section II is revoked.

**Section VI - RETURN ADDRESS OF DELEGATOR**

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_

**Section VII - To Be Completed by FMS**

Transmittal No.: \_\_\_\_\_  
 Accomplished Date: \_\_\_\_\_  
 By: \_\_\_\_\_

### Instructions for completing FMS Form 2958A

1. This form is for delegating designation authority to individuals so that they may in turn designate an ASAP Authorizing Official and/or ASAP Financial Official. This form may also be used to further delegate designation authority. The first delegation must be completed by the head of the organization. If this is the first delegation submitted by the individual signing in Section IV, this delegation will be referred to as a self-delegation. The person signing in Section IV must also sign in Section III, in order to establish his/her identity and authority to delegate designation powers. If desired, additional forms FMS 2958A may be completed to delegate designation authority to other individuals.
2. Only one individual may be delegated authority or revoked per form.

#### Section I

- More than one box may be checked for type of authority to be delegated. If this form is for the head of the organization, check all boxes, and the corresponding "**MAY be re-delegated**" boxes.
- For each box checked, authority to redelegate must be indicated by checking either the "MAY" or "MAY NOT" box, for that item, as appropriate. **Either the "MAY" or "MAY NOT" box must be checked for each type of delegation authority checked!**
- Check the appropriate box for "Type of Delegation Action". Only one box may be checked. Check "ORIGINAL" for new delegations or re-delegation for renewals of existing delegations. Check "RE-DELEGATION" if the delegation is being submitted to reflect organizational or title changes and the designee named in Section II already has a delegation on file with the Financial Management Service.

#### Section II

- List the organization's FULL, formal, name. Include the names of any organizational components that apply.
- For "EFFECTIVE DATE" enter the date that the delegation is to be effective on. The actual effective date will be the latter of the requested effective date and the date the delegation is actually accepted by FMS.  
**Delegations are good for a period of two years from the effective date.**

#### Section III

- Designee must sign in all four boxes.
- All signatures must be in longhand and contain either full signature or initials and last name, but not both.
- All signatures must be clearly legible in **black ink** for reproduction purposes.
- Designee must sign in the same manner as he/she will be signing other documents to be submitted to the Financial Management Service.

#### Section IV

- All forms FMS 2958A must be signed in this section by an authorized delegator.
- Signature must be in the box and clear and legible, using **black ink** for reproduction purposes.
- An accomplished copy of FMS Form 2958A will be returned directly to the delegator.
- Delegators are cautioned to review accomplished copies to ensure no changes to FMS Form 2958A have occurred between signature and completion by the Financial Management Service.

#### Section V

- Completion of this section revokes all authority originally delegated, as of the "EFFECTIVE DATE". If partial authority is to be retained, such as designate an ASAP Authorizing Official but not designate an ASAP Financial Official, an additional FMS Form 2958A must be submitted re-delegating authority to designate an ASAP Authorizing Official.

#### Section VI

- Must be completed to reflect return address of the delegator signing in Section IV.

#### Section VII

- Will be completed by the Financial Management Service.
- If accomplished date is later than effective date, the accomplished date will become the effective date.

Chief Disbursing Officer  
Financial Management Service  
401 14th Street S.W.  
Washington, DC 20227

Date: \_\_\_\_\_

### DESIGNATION FOR CERTIFYING OFFICER

#### Section I - DESIGNATION AND RE-DESIGNATION

In Accordance with the authority vested in me by the head of this agency or his/her designee, I hereby delegate to the individual whose name, title and signature samples appear below the authority to act as a Certifying Officer for the following Agency Location Codes (ALCs):

[LIST EACH ALC THE CO IS AUTHORIZED TO CERTIFY FOR:]  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TYPE OF DESIGNATION ACTION: [CHECK ONE]

- ORIGINAL DESTINATION                       RE-DESIGNATION

AUTHORIZED CERTIFICATION FUNCTIONS THAT MAY BE EXERCISED: [CHECK ALL THAT APPLY, AT LEAST ONE MUST BE CHECKED]

- MANUAL SF 1166 Voucher and Schedule of Payments       FEDWIRE Payments  
 ELECTRONIC CERTIFICATION [check one block below]       Other: \_\_\_\_\_  
 MASTER CERTIFYING OFFICER (MCO)  
 TRANSMISSION CERTIFYING OFFICER (TCO)  
 CERTIFYING OFFICER (CO)

#### Section II - DESIGNEE

Name of Designee: \_\_\_\_\_  
Title: \_\_\_\_\_ Effective Date: \_\_\_\_\_  
Agency: \_\_\_\_\_ Bureau: \_\_\_\_\_  
Division: \_\_\_\_\_ Phone: \_\_\_\_\_

#### Section III - SIGNATURE SAMPLES OF DESIGNEE [Designee must sign ALL boxes in **BLACK INK**]


#### Section IV - DESIGNATOR SIGNATURE [Designator must sign in box in **BLACK INK**]

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Agency: \_\_\_\_\_  
Bureau: \_\_\_\_\_  
Division: \_\_\_\_\_

#### Section V - REVOCATION

- The Authority of the individual named in Section II is revoked.

#### Section VI - RETURN ADDRESS OF DESIGNATOR

Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_

#### Section VII - DISBURSING OFFICE(S)

- Austin (AFC)                       Kansas City (KFC)  
 Birmingham (BFC)               Philadelphia (PFC)  
 Chicago (CFC)                     San Francisco (SFC)  
[Check for ALL RFCs CO will certify to]

### Instructions for FMS Form 210

1. This form is for use in designating Certifying Officers who will have authority to certify payment requests, for specific Agency Location Codes (ALCs), to the Financial Management Service, for payment. Such designations are valid for a period of two years from the effective date. At the end of that period they will expire, unless a re-designation is submitted to the Financial Management Service. This form may be used for original designations, re-designations and revocations.
2. Only one individual may be designated authority or revoked per form.

#### Section I

- List all Agency Location Codes (ALCs) that the designee will have authority to certify payments for. Check the appropriate block for "Original Designation" or "Re-Designation". Check "Original" if the designee does not currently have a valid designation on file with the Financial Management Service for the ALCs listed. Check "Re-Designation" if the designation is being submitted to renew a designation when the designee named in Section II already has a designation on file with the Financial Management Service that is about to expire.
- Check the appropriate box(es) for certification functions that the designee may exercise. IF the "Electronic Certification" block is checked, one of the certifying officer types must also be checked (MCO, TCO or CO), but not more than one. IF the "Other" block is checked, enter a description of the function.

#### Section II

- The "Agency" line should be completed to include the operational level of the designee. Abbreviations may be used; e.g., U.S. Treas. Dept., Fin. Mgmt. Ser., Operations Group.
- For "Effective Date" enter the date that the designation is to be effective on. Designations are good for a period of two years from the effective date

#### Section III

- Designee must sign in all four boxes.
- All signatures must be in longhand and contain either full signature or initials and last name, but not both.
- All signatures must be clearly legible in black ink for reproduction purposes.
- Designee must sign in the same manner as he/she will be using on future documents to be submitted to the Financial Management Service.

#### Section IV

- All forms FMS 210 must be signed in this section by an authorized designator, whose authority is substantiated by a valid form FMS 2958, on file with the Financial Management Service.
- Signature must be in the box and clear and legible, using black ink for reproduction purposes.

#### Section V

- Completion of this section revokes all authority originally designated, as of the "Effective Date". If partial authority is to be retained, such as to certify SF 1193, 1193A But not certify manual SF 1166, an additional form FMS 210 must be received redesignating authority to certify SF 1193, 1193A.

#### Section VI

- Must be completed to reflect return address of the designator signing in Section IV.

#### Section VII

- Check boxes for all Disbursing Offices (Regional Financial Centers) that the designee will certify payments to.



PLEASE READ DIRECTIONS ON REVERSE BEFORE COMPLETING FORM!

Date: \_\_\_\_\_

DESIGNATION FOR ASAP AUTHORIZING OFFICIAL AND FINANCIAL OFFICIAL

Section I - DESIGNATION AND RE-DESIGNATION

In Accordance with the authority vested in me by the head of this organization or his/her designee, I hereby delegate to the individual whose name, title and signature samples appear below the authority to act as an ASAP Authorizing Official or ASAP Financial Official for the following ASAP Payment Requestor and/or Recipient Organization IDs (PR and/or RO ID) (TO BE COMPLETED BY SERVICING RFC)

[LIST EACH PR and/or RO ID THE AO and/or FO IS AUTHORIZED TO CERTIFY FOR:]

TYPE OF DESIGNATION ACTION: [CHECK ONE]

- ORIGINAL DESIGNATION RE-DESIGNATION

AUTHORIZED CERTIFICATION FUNCTIONS THAT MAY BE EXERCISED: [CHECK ALL THAT APPLY, AT LEAST ONE MUST BE CHECKED]

- ASAP Authorizing Official (AO) (certification of ASAP Organization Enrollment and User ID Request Form)
ASAP Financial Official (FO) (certification of ASAP Payment Requestor Bank Information Form)

Section II - DESIGNEE

Name of Designee:
Title:
FULL Organization Name:
Effective Date:
Phone:

Section III - SIGNATURE SAMPLES OF DESIGNEE [ Designee must sign in all boxes in BLACK INK]

Four empty boxes for signature samples.

Section IV - DESIGNATOR SIGNATURE [ Designator must sign in box in BLACK INK]

Signature box and fields for Name, Title, and FULL Organization Name.

Section V - REVOCATION

- The Authority of the individual named in Section II is revoked.

Section VI - RETURN ADDRESS OF DESIGNATOR

Address:
Phone:

Section VII - SERVICING ASAP RFC

- Austin (AFC) Kansas City (KFC)
Birmingham (BFC) Philadelphia (PFC)
Chicago (CFC) San Francisco (SFC)
[Check one block for SERVICING ASAP RFC]

**Instructions for completing FMS Form 210A**

1. This form is for designating ASAP Authorizing Officials who will have authority to certify that users are authorized to use ASAP to make payment requests. It is also for use in designating ASAP Financial Officials who will have the authority to certify bank information (account number and title, ABA number). Such designations are valid for a period of two years from the effective date. At the end of that period they will expire, unless a re-designation is submitted to the Financial Management Service. This form may be used for original designations, re-designations and revocations.
2. Only one individual may be designated authority or revoked per form.

**Section I**

- Leave PR/RO ID lines blank. To be completed by servicing ASAP Regional Financial Center (RFC).
- Check the appropriate block for "ORIGINAL DESIGNATION" or "RE-DESIGNATION". Check "ORIGINAL" if the designee does not currently have a valid designation on file with the Financial Management Service. Check "RE-DESIGNATION" if the form is being submitted to renew a designation when the designee named in Section II already has a designation on file with the Financial Management Service that is about to expire.
- Check the appropriate box(es) for certification functions that the designee may exercise.

**Section II**

- List the organization's FULL, formal, name. Include the names of any organizational components that apply.
- For "EFFECTIVE DATE" enter the date that the designation is to be effective on. **Designations are good for a period of two years from the effective date.**

**Section III**

- Designee must sign in all four boxes.
- All signatures must be in longhand and contain either full signature or initials and last name, but not both.
- All signatures must be clearly legible in **black ink** for reproduction purposes.
- Designee must sign in the same manner as he/she will be signing other documents to be submitted to the Financial Management Service.

**Section IV**

- All forms FMS 210A must be signed in this section by an authorized designator, whose authority is substantiated by a valid FMS Form 2958A, on file with the Financial Management Service.
- Signature must be in the box and clear and legible, using **black ink** for reproduction purposes.

**Section V**

- Completion of this section revokes all authority originally designated, as of the "EFFECTIVE DATE". IF partial authority is to be retained, such as to certify the ASAP Organization Enrollment and User ID Request Form, but not the ASAP Payment Requestor Bank Information Form, an additional FMS Form 210A must be submitted re-designating authority to certify the ASAP Organization Enrollment and User ID Request Form.

**Section VI**

- Must be completed to reflect return address of the designator signing in Section IV.

**Section VII**

- Check the box for the applicable Regional Financial Center (RFC): Kansas City Financial Center for Central time zone, Philadelphia Financial Center for Eastern time zone, San Francisco Financial Center for Mountain, Pacific, and other time zones.

Chief Disbursing Officer  
Financial Management Service  
401 14th Street S.W.  
Washington, DC 20227

Date: \_\_\_\_\_

### DESIGNATION FOR CHECK CUSTODIAN

#### Section I - DESIGNATION AND RE-DESIGNATION

In Accordance with the authority vested in me by the head of this agency or his/her designee, I hereby delegate to the individual whose name, title and signature samples appear below the authority to act as a Treasury Check Stock Custodian for the following Agency Location:

[LIST EACH ALC THE CHECK CUSTODIAN IS AUTHORIZED TO HOLD CHECK STOCK FOR:]

\_\_\_\_\_  
\_\_\_\_\_

[LIST AGENCY AND PHYSICAL CHECK STOCK STORAGE LOCATION/SHIPPING ADDRESS FOR CHECK STOCK:]

Agency: \_\_\_\_\_ Address: \_\_\_\_\_  
Bureau: \_\_\_\_\_  
Division: \_\_\_\_\_  
Office: \_\_\_\_\_  
Phone: \_\_\_\_\_

TYPE OF DESIGNATION ACTION: [CHECK ONE]

- ORIGINAL DESIGNATION                       RE-DESIGNATION

#### Section II - DESIGNEE

Name of Designee: \_\_\_\_\_  
Title: \_\_\_\_\_ Effective Date: \_\_\_\_\_  
Agency: \_\_\_\_\_ Bureau: \_\_\_\_\_  
Division: \_\_\_\_\_ Phone: \_\_\_\_\_

#### Section III - SIGNATURE SAMPLES OF DESIGNEE [ Designee must sign in all boxes in **BLACK INK**]

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Section IV - DESIGNATOR SIGNATURE [ Designator must sign in box in **BLACK INK**]

\_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Agency: \_\_\_\_\_  
Bureau: \_\_\_\_\_  
Division: \_\_\_\_\_

#### Section V - REVOCATION

- The Authority of the individual named in Section II is revoked.

#### Section VI - RETURN ADDRESS OF DESIGNATOR

Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_

#### Section VII - DISBURSING OFFICE(S)

- Austin (AFC)                       Kansas City (KFC)  
 Birmingham (BFC)               Philadelphia (PFC)  
 Chicago (CFC)                       San Francisco (SFC)  
[Check for ALL RFCs Custodian will hold check stock for]

FMS FORM 210C

## Instructions for FMS Form 210C

1. This form is for use in designating Check Custodians who will have authority to order, hold, control, account for, and manage Treasury check stock for specific agencies and Agency Location Codes (ALCs). Such designations are valid for a period of two years from the effective date. At the end of that period they will expire, unless a re-designation is submitted to the Financial Management Service. This form may be used for original designations, re-designations and revocations.

2. Only one individual may be designated authority or revoked per form.

## Section I

- List all Agency Location Codes (ALCs) that the designee will have authority to manage check stock for.
- Check the appropriate block for "Original Designation" or "Re-Designation". Check "Original" if the designee does not currently have a valid designation on file with the Financial Management Service for the ALCs listed. Check "Re-Designation" if the designation is being submitted to renew a designation when the designee named in Section II already has a designation on file with the Financial Management Service that is about to expire.
- List the Agency, Bureau, Division, Office, Address, and Phone number for the entity that the custodian will manage check stock for.

## Section II

- Enter the Name and Title of the designee.
- The "Agency" line should be completed to include the operational level of the designee. Abbreviations may be used; e.g., U.S. Treas. Dept., Fin. Mgmt. Ser., Operations Group.
- For "Effective Date" enter the date that the designation is to be effective on. Designations are good for a period of two years from the effective date.

## Section III

- Designee must sign in all four boxes.
- All signatures must be in longhand and contain either full signature or initials and last name, but not both (sign in the same form in all four boxes).
- All signatures must be clearly legible in black ink for reproduction purposes.
- Designee must sign in the same manner as he/she will be using on future documents to be submitted to the Financial Management Service.

## Section IV

- All forms FMS 210C must be signed in this section by an authorized designator, whose authority is substantiated by a valid form FMS 2958, on file with the Financial Management Service.
- Signature must be in the box and clear and legible, using black ink for reproduction purposes.

## Section V

- Completion of this section revokes all authority originally designated, as of the "Effective Date".

## Section VI

- Must be completed to reflect return address of the designator signing in Section IV.

## Section VII

- Check boxes for all Disbursing Offices (Regional Financial Centers) that the designee will hold check stock for/from.

Send Part 1 and 2 of the form to the Chief Disbursing Officer, FMS. Retain Part 3 for file.



Chief Disbursing Officer  
Financial Management Service  
401 14th Street S.W.  
Washington, DC 20227

Date: \_\_\_\_\_

### DESIGNATION FOR AGENT TO RECEIVE & DELIVER CHECKS

#### Section I - DESIGNATION AND RE-DESIGNATION

In Accordance with the authority vested in me by the head of this agency or his/her designee, I hereby delegate to the individual whose name, title and signature samples appear below the authority to act as a Designated Agent (DA), to receive Treasury checks for delivery/distribution for the following Agency Location Codes (ALCs):

[LIST EACH ALC THE DA IS AUTHORIZED TO RECEIVE CHECKS FOR:]  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TYPE OF DESIGNATION ACTION: [CHECK ONE]

- ORIGINAL DESIGNATION                       RE-DESIGNATION

AUTHORIZED CERTIFICATION FUNCTIONS THAT MAY BE EXERCISED:

The individual named is designated as Designated Agent for the above listed ALC(s), authorized to receive and distribute:     CHECKS (indicate type) \_\_\_\_\_

The individual named IS NOT AN AUTHORIZED CERTIFYING OFFICER AND IS NOT CONNECTED WITH THE PREPARATION OF SALARY PAYROLL SCHEDULES. [see reverse of form]

#### Section II - DESIGNEE

Name of Designee: \_\_\_\_\_ DA #: \_\_\_\_\_  
Title: \_\_\_\_\_ Effective Date: \_\_\_\_\_  
Agency: \_\_\_\_\_ Bureau: \_\_\_\_\_  
Division: \_\_\_\_\_ Phone: \_\_\_\_\_

#### Section III - SIGNATURE SAMPLES OF DESIGNEE [ Designee must sign in all boxes in **BLACK INK**]


#### Section IV - DESIGNATOR SIGNATURE [ Designator must sign in box in **BLACK INK**]

	Name: _____
	Title: _____
	Agency: _____
	Bureau: _____
	Division: _____

#### Section V - REVOCATION

The Authority of the individual named in Section II is revoked.

#### Section VI - RETURN ADDRESS OF DESIGNATOR

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_

#### Section VII - DISBURSING OFFICE(S)

- Austin (AFC)                       Kansas City (KFC)  
 Birmingham (BFC)                 Philadelphia (PFC)  
 Chicago (CFC)                         San Francisco (SFC)  
[Check for ALL RFCs DA will receive checks from]

## FMS FORM 210D

This form is for use in designating Designated Agents (DO) who will have authority to receive checks for specific Agency Location Codes (ALCs), from the Financial Management Service for delivery to the payee(s). In accordance with provisions of Executive Order 6166, as amended (5 U.S.C. 901 note), authority is hereby delegated to the individual named on the face of this document to act as agent of the disbursing officer of the RFC(s) noted for the purpose of receiving and distributing such checks as are indicated. The Designated Agent will be guided by the instructions printed below and such other instructions as may be directed to him/her from time to time.

### Instructions for FMS Form 210d

Only one individual may be designated authority or revoked per form.

#### Section I

- List all Agency Location Codes (ALCs) that the designee will have authority to receive checks for.
- Check type of payments to be received (checks). Enter type of checks (e.g., "salary").
- Check the appropriate block for "Original Designation" or "Re-Designation". Check "Original" if the designee does not currently have a valid designation on file with the Financial Management Service for the ALCs listed. Check "Re-Designation" if the designation is being submitted to renew a designation when the designee named in Section II already has a designation on file with the Financial Management Service that is about to expire.

#### Section II

- Enter the Name and Title of the designee.
- The "Agency" line should be completed to include the operational level of the designee. Abbreviations may be used; e.g., U.S. Treas. Dept., Fin. Mgmt. Ser., Ops. Grp.
- For "Effective Date" enter the date that the designation is to be effective on. Designations are good for a period of two years from the effective date.

#### Section III

- Designee must sign in all four boxes.
- All signatures must be in longhand and contain either full signature or initials and last name, but not both.
- All signatures must be clearly legible in **black ink** for reproduction purposes.
- Designee must sign in the same manner as he/she will be using on future documents to be submitted to the Financial Management Service.

#### Section IV

- All forms FMS 210D must be signed in this section by an authorized designator, whose authority is substantiated by a valid form FMS 2958, on file with FMS.
- Signature must be in the box and clear and legible, using **black ink** for reproduction purposes.

#### Section V

- Completion of this section revokes all authority originally designated, as of the "Effective Date".

#### Section VI

- Must be completed to reflect return address of the designator signing in Section IV.

#### Section VII

- Check boxes for all Disbursing Offices (Regional Financial Centers) that the designee will receive checks/bonds from.

Send Part 1 and Part 2 to the Chief Disbursing Officer, FMS. Retain Part 3 for file. Part 2 will be forwarded to the Designator, by FMS, after approval, as the DA's authority.

#### Designated Agent Instructions

1. Under this delegation, checks will be forwarded to you, the Designated Agent, for distribution in accordance with the following instructions:
  - (a) Checks **shall not be delivered to payees prior to the issuance date appearing on them; however, they may be mailed as authorized in (b) prior to the issuance date, if it is determined that delivery will not be made before that date.**
  - (b) Checks shall be delivered personally by the Designated Agent, or by responsible personnel of the agency, to individual employees. IN case of emergency or where an employee is absent on leave, mailing requests may be honored subject to agency administrative approval. Any other mailing of checks is subject to waiver requirements outlined in I TFM 4-2000.
  - (c) The insertion of an address on the face of a check or bond forwarded to the Designated Agent for delivery, or the correction of any data shown IS NOT AUTHORIZED.
  - (d) In those cases of emergency or where an employee is absent on leave and a check is to be mailed, a check size insert should be prepared. The insert should be enclosed with the check in such manner that the name and address will appear in the window of the envelope. A duplicate of this insert or other suitable record shall be maintained to indicate the address to which the check has been mailed. IN mailing checks, disbursing check envelopes should be obtained from the issuing disbursing office (RFC). Where checks are to be mailed, they shall be mailed in a check envelope only.
  - (e) No check shall be delivered personally or by mail to an employee leaving the service until it has been determined that the employee is entitled to the full proceeds of a check or if any part of the information appearing on it is erroneous, the check will be returned to the issuing disbursing office (RFC) with a notation to that effect.
  - (f) Checks which should not, or cannot, be delivered by the Designated Agent in accordance with these instructions will be returned to the issuing disbursing office (RFC) within 5 days after receipt. The only exception is when employees are on leave; checks may then be held for 30 days. All checks shall be kept in a combination lock safe or locked fire-proofed cabinet pending distribution or return to the issuing disbursing office (RFC). Checks returned to the issuing disbursing office (RFC) will be accompanied by a statement giving the reason for this return.
2. If the Designated Agent or an agency messenger calls at the disbursing office (RFC) for checks, signature acknowledgement of receipt will be required. Before release of checks to a messenger, it will be necessary that the Designated Agent's written request for delivery contain both signatures and be filed with the disbursing office (RFC). The disbursing offices (RFCs) will not ordinarily require acknowledgement for receipt of checks mailed to the Designated Agent for distribution.

Chief Disbursing Officer  
Financial Management Service  
401 14th Street S.W.  
Washington, DC 20227

Date: \_\_\_\_\_

### DESIGNATION FOR ECS DATA ENTRY OPERATOR

#### Section I - DESIGNATION AND RE-DESIGNATION

In Accordance with the authority vested in me by the head of this agency or his/her designee, I hereby delegate to the individual whose name, title and signature samples appear below the authority to act as an ECS Data Entry Operator for the following Agency Location Codes (ALCs):

[LIST EACH ALC THE DEO IS AUTHORIZED FOR:]  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TYPE OF DESIGNATION ACTION: [CHECK ONE]

ORIGINAL DESIGNATION

RE-DESIGNATION

LOCATION OF ECS SYSTEM(S) DEO WILL USE:

IDENTITY OF ECS SYSTEM(S) DEO WILL USE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FPA ID: \_\_\_\_\_

FPA PC ID(s): \_\_\_\_\_  
\_\_\_\_\_

#### Section II - DESIGNEE

Name of Designee: \_\_\_\_\_  
Title: \_\_\_\_\_ Effective Date: \_\_\_\_\_  
Agency: \_\_\_\_\_ Bureau: \_\_\_\_\_  
Division: \_\_\_\_\_ Phone: \_\_\_\_\_

#### Section III - SIGNATURE SAMPLES OF DESIGNEE [ Designee must sign in all boxes in **BLACK INK**]


#### Section IV - DESIGNATOR SIGNATURE [ Designator must sign in box in **BLACK INK**]

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Agency: \_\_\_\_\_  
Bureau: \_\_\_\_\_  
Division: \_\_\_\_\_

#### Section V - REVOCATION

The Authority of the individual named in Section II is revoked.

#### Section VI - RETURN ADDRESS OF DESIGNATOR

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_

#### Section VII - DISBURSING OFFICE(S)

Austin (AFC)       Kansas City (KFC)  
 Birmingham (BFC)       Philadelphia (PFC)  
 Chicago (CFC)       San Francisco (SFC)  
[Check for ALL RFCs agency ECS system is connected to]

FMS Form 210DEO

**Instructions for FMS Form 210DEO**

1. This form is for use in designating data entry operators who will be responsible for payment schedule creation and editing using the agency Electronic Certification System (ECS) and operation of the ECS PC in transmitting schedules and querying for status. Such designations are valid for a period of two years from the effective date. At the end of that period they will expire, unless a re-designation is submitted to the Financial Management Service. This form may be used for original designations, re-designations and revocations.
2. Only one individual may be designated authority or revoked per form.

**Section I**

- List all Agency Location Codes (ALCs) that the designee will have authority to create, edit, transmit and query for, using the agency ECS PC.
- Check the appropriate block for "Original Designation" or "Re-Designation". Check "Original" if the designee does not currently have a valid designation on file with the Financial Management Service for the ALCs listed. Check "Re-Designation" if the designation is being submitted to renew a designation when the designee named in Section II already has a designation on file with the Financial Management Service that is about to expire.
- Enter the location(s) of the Electronic Certification System computers that the designee will administer.

**Section II**

- The "Agency" line should be completed to include the operational level of the designee. Abbreviations may be used; e.g., U.S. Treas. Dept., Fin. Mgmt. Ser., Operations Group.
- For "Effective Date" enter the date that the designation is to be effective on. Designations are good for a period of one year from the effective date.

**Section III**

- Designee must sign in all four boxes.
- All signatures must be in longhand and contain either full signature or initials and last name, but not both.
- All signatures must be clearly legible in **black ink** for reproduction purposes.
- Designee must sign in the same manner as he/she will be using on future documents to be submitted to the Financial Management Service.

**Section IV**

- All forms FMS 210DEO must be signed in this section by an authorized designator, whose authority is substantiated by a valid form FMS 2958, on file with the Financial Management Service.
- Signature must be in the box and clear and legible, using **black ink** for reproduction purposes.

**Section V**

- Completion of this section revokes all authority originally designated, as of the "Effective Date".

**Section VI**

- Must be completed to reflect return address of the designator signing in Section IV.

**Section VII**

- Check boxes for all Disbursing Offices (Regional Financial Centers) to which payments will be submitted, from the ECS computer(s) the designee will use.

Chief Disbursing Officer  
Financial Management Service  
401 14th Street S.W.  
Washington, DC 20227

Date: \_\_\_\_\_

### DESIGNATION FOR ENCRYPTION OFFICER

#### Section I - DESIGNATION AND RE-DESIGNATION

In Accordance with the authority vested in me by the head of this agency or his/her designee, I hereby delegate to the individual whose name, title and signature samples appear below the authority to act as an Encryption Officer for the following connection(s) and application(s):

CONNECTION(S): \_\_\_\_\_

APPLICATION(S): \_\_\_\_\_

TYPE SYSTEM ENCRYPTION OFFICER WILL MAINTAIN ENCRYPTION SECURITY FOR:

HOST       REMOTE      SYSTEM LOCATION: \_\_\_\_\_

ENCRYPTION OFFICER TYPE: [CHECK ONLY ONE]

ENCRYPTION OFFICER ONE (EO1)      OR       ENCRYPTION OFFICER TWO (EO2)

TYPE OF DESIGNATION ACTION: [CHECK ONE]

ORIGINAL DESIGNATION       RE-DESIGNATION

#### Section II - DESIGNEE

Name of Designee: \_\_\_\_\_

Title: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Agency: \_\_\_\_\_ Bureau: \_\_\_\_\_

Division: \_\_\_\_\_ Phone: \_\_\_\_\_

#### Section III - SIGNATURE SAMPLES OF DESIGNEE [ Designee must sign in ALL boxes in **BLACK INK** ]

#### Section IV - DESIGNATOR SIGNATURE [ Designator must sign in box in **BLACK INK** ]

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Agency: \_\_\_\_\_

Bureau: \_\_\_\_\_

Division: \_\_\_\_\_

#### Section V - REVOCATION

The Authority of the individual named in Section II is revoked.

#### Section VI - RETURN ADDRESS OF DESIGNATOR

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

#### Section VII - DISBURSING OFFICE(S)

Austin (AFC)       Kansas City (KFC)

Birmingham (BFC)       Philadelphia (PFC)

Chicago (CFC)       San Francisco (SFC)

[Check for ALL RFCs EO will maintain connections to/from]

### Instructions for FMS Form 210E

1. This form is for use in designating encryption officers who will be responsible for managing the security of telecommunications connections, between the agency and the Financial Management Service, used for the telecommunication of payment and other sensitive data. Such designations are valid for a period of 24 months from the effective date. At the end of that period they will expire, unless a re-designation is submitted to the Financial Management Service. This form may be used for original designations, re-designations and revocations.

2. Only one individual may be designated authority or revoked per form.

#### Section I

- List the connection(s) and application(s) that the designee will have authority to manage communications security for.
- Check whether the designee will manage communications security for the "Host" or "Remote" end of the connection. The organization with primary responsibility for the communications connection will be the Host. If the communications agreement between the agency and FMS specifies that FMS has the primary responsibility, the agency Encryption Officer at the agency will be designated for the "Remote" system. If the agreement between the agency and FMS specifies that the agency has the primary responsibility, the Encryption Officer at the agency will be designated for the "Host" system.
- Enter the location of the system that the designee will have security responsibility for.
- Check one box to indicate the encryption officer type (EO1 or EO2). When encryption keys are being managed, it is necessary that two encryption officers be designated, one to handle each half of the encryption keys.
- Check the appropriate block for "Original Designation" or "Re-Designation". Check "Original" if the designee does not currently have a valid designation on file with the Financial Management Service for the connections and applications listed. Check "Re-Designation" if the designation is being submitted to renew a designation when the designee named in Section II already has a designation on file with the Financial Management Service that is about to expire.

#### Section II

- The "Agency" line should be completed to include the operational level of the designee. Abbreviations may be used; e.g., U.S. Treas. Dept., Fin. Mgmt. Ser., Operations Group.
- For "Effective Date" enter the date that the designation is to be effective on. Designations are good for a period of one year from the effective date.

#### Section III

- Designee must sign in all four boxes.
- All signatures must be in longhand and contain either full signature or initials and last name, but not both.
- All signatures must be clearly legible in **black ink** for reproduction purposes.
- Designee must sign in the same manner as he/she will be using on future documents to be submitted to the Financial Management Service.

#### Section IV

- All forms FMS 210E must be signed in this section by an authorized designator, whose authority is substantiated by a valid form FMS 2958, on file with the Financial Management Service.
- Signature must be in the box and clear and legible, using **black ink** for reproduction purposes.

#### Section V

- Completion of this section revokes all authority originally designated, as of the "Effective Date".

#### Section VI

- Must be completed to reflect return address of the designator signing in Section IV.

#### Section VII

- Check boxes for all Disbursing Offices (Regional Financial Centers) to which the communications systems the designee is responsible for are connected.

Chief Disbursing Officer  
Financial Management Service  
401 14th Street S.W.  
Washington, DC 20227

Date: \_\_\_\_\_

### ECS USER DESIGNATION FORM

#### Section I - FEDERAL PROGRAM AGENCY INFORMATION [Completed by FPA]

AUTHORIZED AGENCY LOCATION CODE(s) [Enter all that apply]:  
\_\_\_\_\_  
\_\_\_\_\_

ECS USER SITE [Complete address & check one box]:

Agency MSA name and ECS system address:  
\_\_\_\_\_  
\_\_\_\_\_

New ECS Site

Existing ECS Site

FPA-ID: \_\_\_\_\_

PC-ID: \_\_\_\_\_

DESIGNATION ACTION [Check one]:

New Designation

Re-Designation  
Current User-ID: \_\_\_\_\_

Revocation  
Current User-ID: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

ECS PERSONNEL TYPE [Check one - if SA or CO checked, sub-type must be checked]:

Security Administrator (SA)

Data Entry Operator

Certifying Officer (CO)

Master SA

Master CO

Transmission SA

Transmission CO

regular SA

regular CO

DESIGNEE:

Name of Designee: \_\_\_\_\_

Phone: \_\_\_\_\_

Title: \_\_\_\_\_

Effective Date: \_\_\_\_\_

DISBURSING OFFICE LOCATION [List primary, check all secondaries that apply]:

Primary Regional Financial Center (RFC): \_\_\_\_\_

Secondary RFC(s):  AFC  BFC  CFC  KFC  PFC  SFC

DESIGNATOR SIGNATURE: [In BLACK INK]

\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Agency: \_\_\_\_\_

Bureau: \_\_\_\_\_

Division: \_\_\_\_\_

#### Section II - USER ID ISSUE DATA [Completed by FMS]

FPA-ID Assigned: \_\_\_\_\_ PC-ID Assigned: \_\_\_\_\_ User-ID Assigned: \_\_\_\_\_

MSA/MCO - Token & PIN will be mailed to designee under separate cover.

Token & PIN ready for download by appropriate personnel at the FPA ECS System Location.

Token Receipt Received

PIN Receipt Received

CKMS Activation Date: \_\_\_\_\_

TOP SECRET Entry Date: \_\_\_\_\_ Approved by: \_\_\_\_\_

FMS Form 210ECS

**Instructions for FMS Form 210ECS**

1. This form is for use in requesting issuance of User IDs for personnel using the agency component of the Treasury Electronic Certification System (ECS). This includes Certifying Officers (CO), Security Administrators (SA), and Data Entry Operators (DEO). This form will be used with the FMS Form 210 series form used to designate authority to the individual. This form will also be used with Re-Designations of authority and for revocations of authority. When an agency submits an FMS Form 210 designating a Certifying Officer, and the FMS 210 has the **Electronic Certification System** authority block checked, an FMS Form 210ECS must accompany the FMS Form 210. An FMS Form 210ECS must also accompany FMS Form 210DEO (for DEO Designations), and FMS Form 210S (for Security Administrator Designations). FMS Form 210ecs may also be used to make changes to existing designations.
2. ECS User ID actions can only be addressed for one individual per form.

**Section I****To be completed by the originating agency:**

- List all Agency Location Codes (ALCs) that the designee will have authority for, using the agency ECS PC.
- Enter the name of the Master Security Administrator for the agency ECS system that the designee will use. If the designee is to be the Master Security Administrator, enter the designee's name.)
- Enter the mailing address of the Master Security Administrator.
- **If the ECS site is a NEW ONE** (i.e., a new site being set up that has not been assigned an FPA-ID), check the "New ECS Site" box. If the ECS site is an existing one that has already been assigned an FPA-ID, check the "Existing ECS Site" box and enter the FPA-ID and the PC-ID of the ECS PC that the designee will be using.
- Check the appropriate block for "New Designation", "Re-Designation" or "Revocation". Check "New Designation" if the designee does not currently have an ECS-ID. Check "Re-Designation" if the designee currently has an ECS-ID for an existing designation which is about to expire and is being re-newed, or requires change. Check "Revocation" if the designee has an ECS-ID that is to be revoked.
- Enter any comments about the designation or site using the "Comments" lines.
- Check the type of designation of the designee that an ECS User ID action is being requested for, Security Administrator, Data Entry Operator, or Certifying Officer (CHECK ONLY ONE TYPE). IF the SA or CO box is checked, check the sub-type of SA or CO (CHECK ONLY ONE SUB-TYPE)
- Enter the name of the designee, with the title and phone number of the designee. Enter the desired effective date for the requested ECS User-ID action.
- Enter the Primary servicing Regional Financial Center (RFC) for the ECS site to be used by the designee. Check boxes for secondary RFCs for the ECS site to be used by the designee.
- All forms FMS 210ECS must be signed in this section by an authorized designator, whose authority is substantiated by a valid form FMS 2958, on file with the Financial Management Service.
- Signature must be in the box and clear and legible, using **black ink** for reproduction purposes.
- Enter the name, title, agency, bureau, and division of the designating official.

**FORWARD ALL THREE COPIES TO THE ADDRESS AT THE TOP OF THE FORM.****Section II****Will be completed by FMS:**

- Enter FMS assigned FPA-ID for system designee will use.
- Enter FMS assigned PC-ID for microcomputer that ECS will be installed on.
- Enter ECS User ID to be assigned to the designee.
- Check appropriate action block.

**Forward Copy 3 to the MSA and Address listed in Section I.**

- Enter CKMS activation date for the User-ID.
- Enter TOP SECRET entry date for the User-ID.
- Enter signature of approving FMS official.

**Retain copy 1 and 2 for file.**



Chief Disbursing Officer  
Financial Management Service  
401 14th Street S.W.  
Washington, DC 20227

Date: \_\_\_\_\_

### DESIGNATION FOR ECS SECURITY ADMINISTRATOR

#### Section I - DESIGNATION AND RE-DESIGNATION

In Accordance with the authority vested in me by the head of this agency or his/her designee, I hereby delegate to the individual whose name, title and signature samples appear below the authority to act as an ECS Security Administrator for the following Agency Location Codes (ALCs):

[LIST EACH ALC THE SA IS AUTHORIZED TO ADMINISTER FOR:]  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TYPE OF DESIGNATION ACTION: [CHECK ONE]

- ORIGINAL DESIGNATION
- RE-DESIGNATION

TYPE OF SECURITY ADMINISTRATOR DESIGNATION [CHECK ONLY ONE] LOCATION OF ECS SYSTEM(S) SA WILL ADMINISTER

- MASTER SECURITY ADMINISTRATOR (MSA) \_\_\_\_\_
- TRANSMISSION SECURITY ADMINISTRATOR (TSA) \_\_\_\_\_
- SECURITY ADMINISTRATOR (SA) \_\_\_\_\_

#### Section II - DESIGNEE

Name of Designee: \_\_\_\_\_  
 Title: \_\_\_\_\_ Effective Date: \_\_\_\_\_  
 Agency: \_\_\_\_\_ Bureau: \_\_\_\_\_  
 Division: \_\_\_\_\_ Phone: \_\_\_\_\_

#### Section III - SIGNATURE SAMPLES OF DESIGNEE [ Designee must sign in ALL boxes in **BLACK INK** ]


#### Section IV - DESIGNATOR SIGNATURE [ Designator must sign in box in **BLACK INK** ]

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Agency: \_\_\_\_\_  
 Bureau: \_\_\_\_\_  
 Division: \_\_\_\_\_

#### Section V - REVOCATION

- The Authority of the individual named in Section II is revoked.

#### Section VI - RETURN ADDRESS OF DESIGNATOR

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_

#### Section VII - DISBURSING OFFICE(S)

- Austin (AFC)
  - Kansas City (KFC)
  - Birmingham (BFC)
  - Philadelphia (PFC)
  - Chicago (CFC)
  - San Francisco (SFC)
- [Check for ALL RFCs SA administered system will connect to]

### Instructions for FMS Form 210S

1. This form is for use in designating security administrators who will be responsible for managing agency use of the Financial Management Service Electronic Certification System (ECS). Such designations are valid for a period of 24 months from the effective date. At the end of that period they will expire, unless a re-designation is submitted to the Financial Management Service. This form may be used for original designations, re-designations and revocations.

2. Only one individual may be designated authority or revoked per form.

#### Section I

- List all Agency Location Codes (ALCs) that the designee will have authority to manage ECS security for.
- Check the appropriate block for "Original Designation" or "Re-Designation". Check "Original" if the designee does not currently have a valid designation on file with the Financial Management Service for the ALCs listed. Check "Re-Designation" if the designation is being submitted to renew a designation when the designee named in Section II already has a designation on file with the Financial Management Service that is about to expire.
- Check the appropriate box for "Security Administrator Type". Only one block may be checked (MSA, TSA or SA).
- Enter the location(s) of the Electronic Certification System computers that the designee will administer.

#### Section II

- The "Agency" line should be completed to include the operational level of the designee. Abbreviations may be used; e.g., U.S. Treas. Dept., Fin. Mgmt. Ser., Operations Group.
- For "Effective Date" enter the date that the designation is to be effective on. Designations are good for a period of one year from the effective date.

#### Section III

- Designee must sign in all four boxes.
- All signatures must be in longhand and contain either full signature or initials and last name, but not both.
- All signatures must be clearly legible in **black ink** for reproduction purposes.
- Designee must sign in the same manner as he/she will be using on future documents to be submitted to the Financial Management Service.

#### Section IV

- All forms FMS 210S must be signed in this section by an authorized designator, whose authority is substantiated by a valid form FMS 2958, on file with the Financial Management Service.
- Signature must be in the box and clear and legible, using **black ink** for reproduction purposes.

#### Section V

- Completion of this section revokes all authority originally designated, as of the "Effective Date".

#### Section VI

- Must be completed to reflect return address of the designator signing in Section IV.

#### Section VII

- Check boxes for all Disbursing Offices (Regional Financial Centers) to which payments will be submitted, from the ECS computer the designee will administer.

TO: Security Officer Number 2

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

<b>RECEIPT FOR ECS CERTIFYING OFFICER TOKEN/PIN</b>	
<b>Section I - CERTIFYING OFFICER IDENTIFICATION</b>	
Name of Certifying Officer: _____	Phone: _____
CERTIFYING OFFICER TYPE: [CHECK ONE]	
<input type="checkbox"/> Master (MCO) <input type="checkbox"/> Transmission (TCO) <input type="checkbox"/> regular (CO)    Certifying Officer ID: _____	
AGENCY ADDRESS:	
Agency (FPA) Name: _____	FPA-ID: _____
Agency (FPA) Address: _____	
<b>Section II - TYPE OF RECEIPT ACTION [Check one or more, as applicable]</b>	
<input type="checkbox"/> TOKEN - I have received my Token (Smartcard)    Inventory Control Number: _____	
<input type="checkbox"/> PERSONAL IDENTIFICATION NUMBER (PIN) - I have received my PIN	
<b>Section III - CERTIFICATIONS [Complete applicable certifications]</b>	
<b>1. CERTIFICATION OF ENTRY OF CO ID INTO FPA ECS SYSTEM:</b>	
I certify that I have entered all information for CO User ID _____ into the ECS production PC for FPA ID _____ All system tables have been updated for this user.	
<div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p style="font-size: small; text-align: center;">[Signature of Security Administrator Entering User in ECS PC CO Table]</p>	Name: _____ Title: _____ SA-ID: _____
<b>2. CERTIFICATION OF ISSUE OF TOKEN (SMARTCARD): [COMPLETE FOR TOKENS CREATED AT THE FPA SITE]</b>	
I certify that I have issued a token for CO User ID _____ using the token with inventory control number _____ My token inventory has been updated to reflect this issue. Token created by (M/T)CO ID _____ & (M/T)SA ID _____.	
<div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p style="font-size: small; text-align: center;">[Signature of the FPA Master Security Administrator]</p>	Name: _____ Title: _____ SA-ID: _____
<b>3. CERTIFICATION OF RECEIPT:</b>	
I certify that I have received the Token and/or PIN described in Section II, above. I further certify that I have read the ECS Security Procedures, and am familiar with all Users Manuals. I am the only person who knows my PIN. I agree to follow the security procedures for protecting my token (smartcard) and my PIN.	
<div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p style="font-size: small; text-align: center;">[Signature of Recipient]</p>	Name: _____ Title: _____ CO-ID: _____
<b>INSTRUCTIONS:</b> This form is to be used for reporting receipt of Tokens (Smartcards) and/or Pins for all types of ECS Certifying Officers (MCO, TCO and CO). It is not to be used to report receipt of Tokens and/or Pins for Security Administrators. Address this form to the FMS Security Officer 2 (use the address provided to the Master Certifying Officer, by the servicing FMS Regional Financial Center). Complete all entries in Section I. Check the appropriate block, or blocks, in Section II. If the receipt is for a Token, enter the Inventory Control Number printed on the Token. Complete Section III as follows: To report receipt of a Token or PIN issued directly to a CO by the KMC, complete Certifications 1 and 3 for tokens or Certification 3 for PINs. To report receipt of Token and Pin issued on-site by the FPA MCO/TCO complete Certifications 1, 2 and 3. Certification 1 should be signed by the Security Administrator who actually enters the CO User ID into the CO Table in the FPA PC. Certification 2 should be signed by the FPA Master Security Administrator. Certification 3 must be signed by the CO receiving the Token and/or PIN. All signatures should be within the box for the function being certified.	

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TO: Security Officer Number 1

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

<b>RECEIPT FOR ECS DATA ENTRY OPERATOR ID</b>	
<b>Section I - DATA ENTRY OPERATOR IDENTIFICATION</b>	
Name of Data Entry Operator: _____ Data Entry Operator ID: _____	Phone: _____
<b>AGENCY ADDRESS:</b>	
Agency (FPA) Name: _____	FPA-ID: _____
Agency (FPA) Address: _____ _____	
<b>Section II - TYPE OF RECEIPT ACTION [Check one or more, as applicable]</b>	
<input type="checkbox"/> DEO User ID - I have received my DEO User ID, for access to the FMS ECS HOST system <input type="checkbox"/> TOKEN - I have received my Token (Smartcard) Inventory Control Number: _____ <input type="checkbox"/> PERSONAL IDENTIFICATION NUMBER (PIN) - I have received my PIN	
<b>Section III - CERTIFICATIONS [Complete applicable certifications]</b>	
<b>1. CERTIFICATION OF ENTRY OF DEO ID INTO FPA ECS SYSTEM:</b>	
I certify that I have entered all information for DEO User ID _____ into the ECS production PC for FPA ID _____. All system tables have been updated for this user.	
<div style="border: 1px solid black; height: 50px; width: 100%;"></div> <p style="font-size: small; text-align: center;">[Signature of Security Administrator Entering User in ECS PC DEO Table]</p>	Name: _____ Title: _____ SA-ID: _____
<b>2. CERTIFICATION OF ISSUE OF TOKEN (SMARTCARD): [COMPLETE FOR TOKENS CREATED AT THE FPA SITE]</b>	
I certify that I have issued a token for DEO User ID _____ using the token with inventory control number _____. My token inventory has been updated to reflect this issue. Token created by (M/T)SA ID _____ & (M/T)CO ID _____.	
<div style="border: 1px solid black; height: 50px; width: 100%;"></div> <p style="font-size: small; text-align: center;">[Signature of the FPA Master Security Administrator]</p>	Name: _____ Title: _____ SA-ID: _____
<b>3. CERTIFICATION OF RECEIPT:</b>	
I certify that I have received the DEO User ID and/or Token and/or PIN described in Section II, above. I further certify that I have read the ECS Security Procedures, and am familiar with all Users Manuals. I am the only person who knows my PIN. I agree to follow the security procedures for protecting my ID and my PIN.	
<div style="border: 1px solid black; height: 50px; width: 100%;"></div> <p style="font-size: small; text-align: center;">[Signature of Recipient]</p>	Name: _____ Title: _____ DEO-ID: _____
<b>INSTRUCTIONS:</b> This form is to be used for reporting receipt of DEO User IDs and Tokens and PINs (Tokens and PINS issued only for DEOs using ECS Version 8.0, or later) for ECS Data Entry Operators. It is not to be used to report receipt of Tokens and/or Pins for Certifying Officers or Security Administrators. Address this form to the FMS Security Officer 1 (use the address provided to the Master Security Administrator, by the servicing FMS Regional Financial Center.). Complete all entries in Section I. Check the appropriate block, or blocks, in Section II. If the receipt is for a Token, enter the Inventory Control Number printed on the Token. Complete Section III as follows: Complete Certifications 1, 2 and 3. Certification 1 should be signed by the Security Administrator who actually enters the DEO User ID into the DEO Table in the FPA PC. Certification 2 should be signed by the FPA Master Security Administrator. Certification 3 must be signed by the DEO receiving the DEO User ID and/or Token and PIN. All signatures should be within the box for the function being certified, and be in <b>BLACK</b> ink.	

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TO: Security Officer Number 1

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date: \_\_\_\_\_

RECEIPT FOR ECS SECURITY ADMINISTRATOR TOKEN/PIN	
<b>Section I - SECURITY ADMINISTRATOR IDENTIFICATION</b>	
Name of Security Administrator: _____	Phone: _____
SECURITY ADMINISTRATOR TYPE: [CHECK ONE]	
<input type="checkbox"/> Master (MSA) <input type="checkbox"/> Transmission (TSA) <input type="checkbox"/> regular (SA)                    Security Administrator ID: _____	
AGENCY ADDRESS:	
Agency (FPA) Name: _____ FPA-ID: _____	
Agency (FPA) Address: _____	
<b>Section II - TYPE OF RECEIPT ACTION [Check one or more, as applicable]</b>	
<input type="checkbox"/> TOKEN - I have received my Token (Smartcard)    Inventory Control Number: _____	
<input type="checkbox"/> PERSONAL IDENTIFICATION NUMBER (PIN) - I have received my PIN	
<b>Section III - CERTIFICATIONS [Complete applicable certifications]</b>	
1. CERTIFICATION OF ENTRY OF SA ID INTO FPA ECS SYSTEM:	
I certify that I have entered all information for SA User ID _____ into the ECS production PC for FPA ID _____ All system tables have been updated for this user.	
<div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p style="font-size: small; text-align: center;">[Signature of Security Administrator Entering User in ECS PC SA Table]</p>	Name: _____ Title: _____ SA-ID: _____
2. CERTIFICATION OF ISSUE OF TOKEN (SMARTCARD): [COMPLETE FOR TOKENS CREATED AT THE FPA SITE]	
I certify that I have issued a token for SA User ID _____ using the token with inventory control number _____ My token inventory has been updated to reflect this issue. Token created by (M/T)SA ID _____ & (M/T)CO ID _____.	
<div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p style="font-size: small; text-align: center;">[Signature of the FPA Master Security Administrator]</p>	Name: _____ Title: _____ SA-ID: _____
3. CERTIFICATION OF RECEIPT:	
I certify that I have received the token and/or PIN described in Section II, above. I further certify that I have read the ECS Security Procedures, and am familiar with all Users Manuals. I am the only person who knows my PIN. I agree to follow the security procedures for protecting my token (smartcard) and my PIN.	
<div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p style="font-size: small; text-align: center;">[Signature of Recipient]</p>	Name: _____ Title: _____ SA-ID: _____
<b>INSTRUCTIONS:</b> This form is to be used for reporting receipt of Tokens (Smartcards) and/or Pins for all types of ECS Security Administrators (MSA, TSA and SA). It is not to be used to report receipt of Tokens and/or Pins for Certifying Officers. Address this form to the FMS Security Officer 1 (use the address provided to the Master Security Administrator, by the servicing FMS Regional Financial Center.). Complete all entries in Section I. Check the appropriate block, or blocks, in Section II. If the receipt is for a Token, enter the Inventory Control Number printed on the Token. Complete Section III as follows: To report receipt of a Token or PIN issued directly to an SA by the KMC, complete Certifications 1 and 3 for tokens or Certification 3 for PINs. To report receipt of Token and Pin issued on-site by the FPA MSA/TSA complete Certifications 1, 2 and 3. Certification 1 should be signed by the Security Administrator who actually enters the SA User ID into the SA Table in the FPA PC. Certification 2 should be signed by the FPA Master Security Administrator. Certification 3 must be signed by the SA receiving the Token and/or PIN. All signatures should be within the box for the function being certified.	

FMS FORM 210RS (06-97) FORMERLY FMS FORM 210RS (2-96)  
 WHICH MAY BE USED  
 I TFM 4-1100

DEPARTMENT OF THE TREASURY  
 FINANCIAL MANAGEMENT SERVICE

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TO: FedSelect Check Custodian  
Chicago Financial Center  
P.O. Box 8670  
Chicago, IL 60680-8670

Order Date: \_\_\_\_\_

**ORDER/RECEIPT FOR FEDSELECT BLANK CHECK STOCK**

**Section I - AGENCY IDENTIFICATION [for agency ordering and receiving check stock]**

Agency: \_\_\_\_\_ Shipping Address: \_\_\_\_\_  
Bureau: \_\_\_\_\_  
Division: \_\_\_\_\_  
Office: \_\_\_\_\_  
Check Custodian: \_\_\_\_\_  
[name] Phone: \_\_\_\_\_

\_\_\_\_\_  
[Check Custodian signature]

My Signature, at left, authorizes the FedSelect check stock order described in Section II, below. Check stock is to be imprinted with the Agency Name, Agency Logo and check numbers indicated, and shipped to the address above. I certify that this is a legitimate FedSelect check stock order and that I am authorized to place this order.

**Section II - DESCRIPTION OF CHECK STOCK ORDERED**

**Check Stock Type**

- TYPE A: 1-up Check w/Payee & Agency Copy, 8.5" x 11", single sheet
- TYPE B: 3-up Check, 8.5" x 11", single sheet
- TYPE C: 1-up Check w/Payee & Agency Copy, 8.5" x 11", pin feed, continuous form
- TYPE D: 3-up Check, 8.5" x 11", pin feed, continuous form

Quantity Ordered (checks): \_\_\_\_\_ (1,000 max.)  
Beginning Check #: \_\_\_\_\_ (6 characters)  
Ending Check #: \_\_\_\_\_ (6 characters)  
Agency Account #: \_\_\_\_\_ (13 characters)  
Agency Name: \_\_\_\_\_ (for check face)  
Agency Logo: \_\_\_\_\_ (for check face)  
Date Required by: \_\_\_\_\_

**Section III - ORDER APPROVAL**

\_\_\_\_\_  
[FMS Check Custodian signature]

Order Number Assigned: \_\_\_\_\_  
Date Order Released: \_\_\_\_\_  
Order Released by: \_\_\_\_\_  
[FMS Check Custodian name]

The order number above is assigned to this check stock order. My signature, at left, approves this order for printing and delivery. I certify that I am authorized to approve this delivery order.

**Section IV - ORDER PRINTING AND SHIPPING**

Date Order Received: \_\_\_\_\_ Quantity Shipped: \_\_\_\_\_  
Date Order Shipped: \_\_\_\_\_ Beginning Check #: \_\_\_\_\_  
Vendor's Order Number: \_\_\_\_\_ Ending Check #: \_\_\_\_\_

Order Shipped by: \_\_\_\_\_ Signature: \_\_\_\_\_

**Section V - CERTIFICATION OF RECEIPT**

Date Shipment Received: \_\_\_\_\_ Quantity Received: \_\_\_\_\_  
Beginning Check #: \_\_\_\_\_ thru \_\_\_\_\_ Ending Check #: \_\_\_\_\_  
Comments: \_\_\_\_\_

I certify that I have received the FedSelect check stock described above and it has been inspected and is in satisfactory condition. The quantity received matches the quantity shipped, and all check numbers have been accounted for, from the beginning to ending check numbers.

\_\_\_\_\_  
[Signature of Check Custodian]

Typed Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Agency: \_\_\_\_\_  
Bureau: \_\_\_\_\_  
Division: \_\_\_\_\_

FMS FORM 210RX

**Instructions for FMS Form 210RX**

1. This form is for use in ordering and documenting receipt of blank check stock under the Financial Management Service (FMS) FedSelect program. Check stock ordered, using this form, is to be used only with the FMS FedSelect check program. All orders must be initiated and signed by a FedSelect Check Custodian who has been duly designated to the Chief Disbursing Officer of the Financial Management Service.
2. Only one check stock order may be placed on a single form set.

**Section I****[To be completed by the FedSelect Check Custodian of the agency requiring check stock]**

- Complete all items in Section I.
  - Enter the Agency, Bureau, Division, Office of the Check Custodian ordering check stock.
  - Enter the name of the Check Custodian.
  - Enter the address that the check stock is to be shipped to.
  - Enter the Check Custodians phone number.
  - The Check Custodian must sign in the indicated block. Use black ink. Only a properly designated Check Custodian, with signature samples on file with FMS, may sign.

**Section II****[To be completed by the FedSelect Check Custodian of the agency requiring check stock]**

- Check the type of check stock being ordered, only one block can be checked.
- Enter the quantity of checks being ordered (this is a count of checks not sheets). If Type B or Type D check stock is being ordered, the quantity must be in multiples of 3 (i.e., evenly divisible by 3). Maximum quantity in a single order is 1,000 (999 for Type B or D).
- Enter the check number for the first check in the order. This should be one higher than the last check in the previous order. Check numbers may be up to 6 numeric characters.
- Enter the ending check number for the order (this is the beginning check number + the quantity ordered - 1).
- Enter the agency account number (up to 13 characters).
- Enter the agency name that should be printed on the check.
- Enter the identification of the agency logo that should be printed on the check.
- Enter the date that the shipment should be received by.
- Forward Part 1, 2, and 3 to the FMS FedSelect Check Custodian. Retain Part 4 for file.

**Section III****[To be completed by the FMS FedSelect Check Custodian]**

- Enter an order number for the order, date released to the vendor, and name of custodian.
- The FedSelect Check Custodian must sign in the box provided. Use black ink. Only a custodian properly designated to process orders may sign.
- Forward Part 1 and 2 to the check stock vendor. Retain Part 3 for file.

**Section IV****[To be completed by the check stock vendor]**

- Complete all entries in Section IV.
- Forward Part 1 to the ordering FedSelect Check Custodian, with the check shipment. Retain Part 2 for file.

**Section V****[To be completed by the FedSelect Check Custodian receiving the check shipment]**

- Inspect the shipment and verify that it contains the stock ordered, and that the stock is in good condition.
- Enter the date received, the quantity received, and the beginning and ending check numbers.
- Enter any comments regarding the condition of the check stock.
- Enter the name, title, etc., for the receiving check custodian.
- The receiving FedSelect Check Custodian must sign in the box provided. Only a properly designated custodian may sign. Use black ink.
- Forward Part 1 to the FMS FedSelect Check Custodian.

**PART 4 - DISBURSING**

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