ELECTRONIC CERTIFICATION SYSTEM

FORMATS AND NOTES

FOR MAINFRAME ALTERNATE DATA ENTRY METHODS

FOR ECS PRODUCTION PC

OCTOBER 26, 1998

P7.6 Revision 8

Electronic Certification System Third Party Payment Schedule Formats

BACKGROUND

Payment data can be input into the ECS Production PC via three methods:

1.   Type data into the ECS Production PC.
2.   Upload Schedules into the ECS Production PC from a floppy disk created on the Offline PC (Satellite) System.
3.   Download Schedules from a Mainframe System or PC onto a floppy disk and upload the Schedules onto the ECS Production PC.

This Technical Note provides information and formats for the third party method, which downloads schedules from an FPA's Mainframe System.

In short, this capability allows the FPA to take payment data from their mainframe system, massage the data into the formats shown on the attached pages and create a download file on floppy disk which can be uploaded onto the ECS Production PC for subsequent transmission to the ECS at the RFC. If there are any questions, please contact your servicing Financial Management Service Regional Financial Center ECS Host Coordinator.

SPECIAL NOTES ("*" denotes changes from the previous specification document dated 12/19/95, for Agencies that have previously generated 3rd party download files):

o   Record size is 440 bytes. The "TEST440.EXE" program, dated 4/20/1998, may be used on the download files to identify file format problems. The files <u>must also be edited</u> prior to uploading in the ECS PC. Improper data will cause the schedule to fail to upload.

o   ALL DATA MUST BE IN UPPERCASE.

o   Unless specified otherwise, alpha/numeric fields are to be left justified with trailing blanks. Numeric fields are right justified with leading zeros, zero pad.

o   Up to 100 schedules can be transmitted per day per PC (includes all schedule types). Maximum of 60 payments per schedule. No more than a total of 200 schedules may be on the system at any one time.

*   Schedule Number is defined as 14 positions, however the production system will only accept 10. Therefore, the schedule number field must be zero filled in the first four positions, zero pad and right justify.

*   The ACH Prenote Code field in the ACH ALC Control Record of the 12/19/95 specification document is no longer valid. If used, prenote schedules are now identified in the ACH Transmission Header Record, Payment Type field.

*   A new, one position field was added in the 04 Payment Record, labeled Treasury Offset Program (TOP) Offset Eligibility code, for all Check, ACH, and SDPR payments. Mandatory field, values are "Y" or "N".

*   A new, one position field was added in the 04 Payment Record, labeled 1099 Reporting Eligibility code for Vendor & Miscellaneous Check and ACH type payments. Mandatory field, see field description in the specification document for values.

*   A new, three position field was added, labeled Addendum Format, for ACH payments in the 04 ACH Payment Record. Used to identify if the payment is "PPD" or "CCD". Refer to the chart titled *New Payment Types and Payment Application Definitions* for the applicable mandatory code, based on the type of payment.

*   The list of valid Segment Identifiers for the Payment ID Line in the ACH 04 Payment Record have been restricted to the following: DED, TXP, RMR, DTM, REF, PER, TRN (new), N1 (new). Any other segments used will be rejected when uploading the file into the ECS PC. Refer to the *ACH Addendum Record Users Guide* (separate document) for further details in contructing the addendum record.

*   The Payment Type and Payment Application fields replace the previous field "Trans. Type" in the 01 Transmission Header Record. The field values have also been redefined. Please see the attached chart titled *New Payment Types and Payment Application Definitions*, and the respective field descriptions in the specifications document, to determine the valid values for the respective type of payment to be generated.

*   Payee/Vendor ID field has been renamed Payee ID/TIN. The field is restricted to 9 positions, alpha/numeric, for all check, ACH, and SDPR payments. Previously in the Check 04 Payment Record, the field length was X(16). One character minimum, except for ACH Salary and ACH Travel which require 9 numeric, such as the Payee SSN. The Payee ID/TIN is a new field for the SDPR 05 Payment Record.

*   Additional codes were added to the list of valid codes for the first position of the field labeled "Summary Payment Codes" in the Summary Totals 04 Payment Records.

*   BBK ABA Number field in the SDPR 05 Payment Record has been changed from X(9) blank fill if not used, to 9(9) zero fill if not used.

*   Depositor Account Number field SDPR 05 Payment Record for Same Day Pay Request payments was expanded by 4 positions, from X(13) to X(17), positions 180-196. The BBK Remarks field now begins in position 197.

*   For Check and ACH Schedule Control Record, the Schedule Amount field has been increased by one position, from 9(12) to 9(13). The largest total schedule amount permitted remains only 12 positions, therefore the highest order digit will always be "0". However, this will result in the amount value being moved one position. Please note the new field length and column position for the Schedule Amount in the specification document.

*   For Check and ACH 09 Schedule Control Record, each Appropriated Amount field has been expanded by one position, from 9(12) to 9(13). The largest appropriated amount permitted remains only 12 positions, therefore the highest order digit will always be "0". However, this expansion will result in the amount value being shifted one position. Please note the new field length and column position for each Appropriated Amount field in the specification document.

*   As a result of the Schedule Amount field being expanded by one position, the Record Code field will shift by one position in the 09 Check and ACH Schedule Control Record.

*   As a result of Schedule Amount field and each Appropriated Amount field being increased by one position, the column position for the Account Symbol associated with each Appropriated Amount will also change in the 09 Check and ACH Schedule Control Record. This field length remains the same.

*   Field items not required for 3rd party file creation are noted with a "(BLANK FILL FOR 3rd PARTY FORMAT.)" in the Description column.

o   Data must be edited according to specifications on the formats. All data not in the proper form will be rejected by the ECS FPA PC.

o   Floppy filenames must be of the form NNN-MMDD, where NNN is a sequence number 000 to 999, MM is the month 01 to 12, and DD is the day 01 to 31.

o   Each schedule must be a separate file with no more than 60 payments per schedule.

o   No more than 100 schedules can be on a single floppy diskette.

o   There cannot be any null characters or carriage return/line feeds anywhere in the schedule.

o   The total bytes per schedule must be a multiple of 440.

o   The payment amount for Check is limited to $9,999,999.99 by edits on the system although the field is 9(10).

o   The payment amount for Salary and Travel ACH is limited to $999,999.99 by edits on the system although the field is 9(10).

o   On 01 Transmission Header Record item DOS Filename will not require a file extension for third party upload. Blank file extension is acceptable and preferred.

o   Reference Payment Number; Payment Number remains the same for each record that makes up a payment on a schedule. For example: For type 2 enclosure code payments, two additional records are required. The set of three payment records would all have the same Payment Number for that payment.

New Payment Types and Payment Application Definition:

Type of Payment	Position 1 (Type)	Position 2 (Application)	
ACH Vendor	A	V	CCD
ACH Salary	A	S	PPD
ACH Travel	A	T	PPD
ACH Miscellaneous	A	M	CCD
ACH Tax	A	X	PPD
ACH OPM Benefit	A	O	PPD
ACH RRB Benefit	A	R	PPD
ACH SSA Benefit	A	B	PPD
ACH SSI Benefit	A	D	PPD
ACH VA Benefit	A	C	PPD
ACH Prenote Vendor	P	V	CCD
ACH Prenote Salary	P	S	PPD
ACH Prenote Travel	P	T	PPD
ACH Prenote Miscellaneous	P	M	CCD
ACH Prenote Tax	P	X	PPD
ACH Prenote OPM Benefit	P	O	PPD
ACH Prenote RRB Benefit	P	R	PPD
ACH Prenote SSA Benefit	P	B	PPD
ACH Prenote SSI Benefit	P	D	PPD
ACH Prenote VA Benefit	P	C	PPD
Check Vendor	C	V	N/A
Check Miscellaneous	C	M	N/A
Check Tax	C	X	N/A
Check OPM Benefit	C	O	N/A

Type of Payment	Position 1 (Type)	Position 2 (Application)	
Check RRB Benefit	C	R	N/A
Check SSA Benefit	C	B	N/A
Check SSI Benefit	C	D	N/A
Check VA Benefit	C	C	N/A
SDPR	D	blank	N/A
Summary	M	blank	N/A
Summary Prenote	Y	blank	N/A
Manual Check Vendor	N	V	N/A
Manual Check Miscellaneous	N	M	N/A
Manual Check Tax	N	X	N/A

This will be a new two position field to designate the payment type and payment application for a schedule. It will be on the 01 Record, and replaces the field currently designated as Transmission Type. The Values are as follows:

Position 1 (Payment Type):

ACH	A
ACH Prenote	P
Check	C
SDPR	D
Summary	M
Summary Prenote	Y
Manual Check	N

Position 2 (Payment Application):

Vendor	V
Salary	S
Travel	T
Miscellaneous	M
Tax	X
SSA Benefit	B
SSI Benefit	D
OPM Benefit	O
RRB Benefit	R
VA Benefit	C
Not Used	blank

Check Header Records

Payment Formats

DATA ELEMENT DESCRIPTION

ITEM	FORMAT	COLUMN	DESCRIPTION
1. Record Type	9(2)	1-2	Identifies type of record. 01 = Transmission Header Record
2. Transmission Number	9(6)	3-8	Always 000001 for first transmission of day. Increase by 1 for each subsequent transmission. **(BLANK FILL FOR 3rd PARTY FORMAT.)**
3. *Schedule Number	X(14)	9-22	Schedule number under which payments will be made. Right justify, zero pad. Zero fill first four positions.
4. Date/Time	9(12)	23-34	Date/Time the schedule was transmitted to ROC. Format: YYYYMMDDHHMM.**(BLANK FILL FOR 3rd PARTY FORMAT.)**
5. FPA ID	X(4)	35-38	Unique acronym for each FPA **(BLANK FILL FOR 3rd PARTY FORMAT.)**
6. FPA PC #	9(2)	39-40	Unique number assigned to each PC in FPA **(BLANK FILL FOR 3rd PARTY FORMAT.)**
7. Filler	X(2)	41-42	Blank Fill.
8. RFC Identifier	X(3)	43-45	Regional Financial Center for processing Schedule. AFC = Austin BFC = Birmingham CFC = Chicago KFC = Kansas City PFC = Philadelphia SFC = San Francisco
9. ALC	X(8)	46-53	Agency Location Code from the 02 Record.
10. DOS Filename	X(12)	54-65	DOS filename, NNNNNNNN.RFC. File format is three digit schedule sequence, dash separator, 4 digit schedule creation date. The file extension contains designated RFC. Ex: 001-1003.BFC **(BLANK FILL FILE EXTENSION ONLY FOR 3rd PARTY FORMAT.)**
11. Filler	X(351)	66-416	Blank Fill.
12. *Payment Type	9(1)	417-417	One digit code stating Payment Type of data being transmitted. Codes are as follows: "C" = Check,(Applicable Pmt. App.= V,M,X,B,D,O,R,C) "N" = Manual Check, (Applicable Pmt. App. = V,M,X)
13. *Payment Application	9(1)	418-418	One digit code stating Payment Application of data being transmitted. Codes are as follows: "V" = Vendor (Applicable Pmt. Type = C,N) "M" = Miscellaneous (Applicable Pmt. Type = C,N) "X" = Tax (Applicable Pmt. Type = C,N) "B" = SSA Benefit (Applicable Pmt. Type = C) "D" = SSI Benefit (Applicable Pmt. Type = C) "O" = OPM Benefit (Applicable Pmt. Type = C) "R" = RRB Benefit (Applicable Pmt. Type = C) "C" = VA Benefit (Applicable Pmt. Type = C)
14. Filler	X(22)	419-440	Blank Fill.

Payment Formats

RECORD NAME : Check Agency Location Code (ALC) Control Record   Modified 7/20/98

DATA ELEMENT DESCRIPTION

ITEM	FORMAT	COLUMN	DESCRIPTION
1. Record Type	9(2)	1-2	Identifies type of record. 02 = ALC Control Record
2. Record Number	9(6)	3-8	Always 000001.
3. *Schedule Number	X(14)	9-22	Schedule number under which payments will be made. Right justify, zero pad. Zero fill first four positions.
4. Filler	X(13)	23-35	Blank Fill.
5. ALC	9(8)	36-43	8-digit ALC assigned to this schedule
6. Filler	X(11)	44-54	Blank Fill.
7. Record Code	X(1)	55-55	"&" HEX (26)
8. Filler	X(360)	56-415	Blank Fill.
9. ASAID	X(8)	416-423	Agency Security Administrator ID. *(BLANK FILL FOR 3rd PARTY FORMAT.)*
10. ACOID	X(8)	424-431	Agency Certifying Officer ID. *(BLANK FILL FOR 3rd PARTY FORMAT.)*
11. MAC	X(9)	432-440	Message Authentication Code for record. Format: XXXX XXXX. *(BLANK FILL FOR 3rd PARTY FORMAT.)*

Payment Formats

RECORD NAME : Check Agency Billing Address Control Record   Modified 3/20/98

DATA ELEMENT DESCRIPTION

ITEM	FORMAT	COLUMN	DESCRIPTION
1. Record Type	9(2)	1-2	Identifies type of record. 03 = Agency Billing Address Control Record
2. Record Number	9(6)	3-8	Always 000002.
3. *Schedule Number	X(14)	9-22	Same as schedule number in ALC Control Record. Right justify, zero pad. Zero fill first four positions.
4. Zero Constant	9(13)	23-35	Zero Fill.
5. Filler	X(19)	36-54	Blank Fill.
6. Record Code	X(1)	55-55	"A"
7. Agency Name	X(25)	56-80	Agency name for billing purposes
8. Address 1	X(25)	81-105	Billing address of agency. If less than 3 lines, blank fill remaining lines. Last significant line must contain City, State, and Zip Code.
9. Address 2	X(25)	106-130	
10. Address 3	X(25)	131-155	
11. Agency Telephone	X(10)	156-165	Telephone number for billing questions. Format: AAATTTTTTT
12. Filler	X(250)	166-415	Blank Fill.
13. ASAID	X(8)	416-423	Agency Security Administrator ID *(BLANK FILL FOR 3rd PARTY FORMAT.)*
14. ACOID	X(8)	424-431	Agency Certifying Officer ID. *(BLANK FILL FOR 3rd PARTY FORMAT.)*
15. MAC	X(9)	432-440	Message Authentication Code for record. Format: XXXX XXXX. *(BLANK FILL FOR 3rd PARTY FORMAT.)*

Check Payment Records

Payment Formats

DATA ELEMENT DESCRIPTION

ITEM	FORMAT	COLUMN	DESCRIPTION
1. Record Type	9(2)	1-2	Identifies type of record. 04 = Payment Record
2. Payment Number	9(6)	3-8	Identifies sequence of record in schedule. Starts with number 000001 and updated by one for each subsequent payment in schedule.
3. *Schedule Number	X(14)	9-22	Same as schedule number in ALC Control Record Right justify, zero pad. Zero fill first four positions.
4. Enclosure Code	9(1)	23-23	"0" = Name Only "1" = Direct Mail (required if 01 record **Payment Application** is a Benefit or Tax) "2" = NCR Enclosure (requires records 05 and 06) "5" = Foreign Mail
5. Filler	X(7)	24-30	Blank Fill.
6. Zero Constant	9(1)	31-31	Zero Fill.
7. Payment Amount	9(10)	32-41	Amount of payment. Right-justify and pad with high-order zeros. Restricted to 9 positions, except for Manual Check. Manual Check Payments must be at least $10,000,000.00 but less than $100,000,000.00.
8. Agency ID	X(10)	42-51	Up to ten characters of agency identification information may be placed in this field for printing on the check. Blank fill if no agency ID desired on the check.
9. Record Code	X(1)	52-52	"B"
10. Payee Name	X(35)	53-87	Name of payee or vendor.

11. *Address 1	X(35)	88-122	Address lines required as follows:
			    Name Only, 1 optional, 3 must be blank filled
			    Direct Mail, 1 required, 3 optional.
			    NCR Enclosure, 1 required, 3 optional.
			    Foreign Mail, 1 required, 3 optional.
			
			The last line in the address must contain the City, State, and Zip Code for Enclosure codes 1,2,5.

12. Address 2	X(35)	123-157	Blank fill if not used. (Must be blank filled for Name Only.)
13. Address 3	X(30)	158-187	Blank fill if not used. (Must be blank filled for Name Only.)
14. Address 4	X(30)	188-217	Blank fill if not used. (Must be blank filled for Name Only.)
15. Type of Payment (LTD)	X(1)	218-218	Payment Type for Limited Payability. (Optional) For Agency use to identify type of payment.
16. Account Symbol	X(16)	219-234	Identifies appropriation or fund used to make payment.
17. *Payee ID/TIN	X(9)	235-243	Tax Identification Number, Vendor ID, SSN or Payee ID. 1 to 9 positions Alpha-numeric (one character minimum).
18. *Filler	X(40)	244-283	Blank Fill (reserved for future use).

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19. *Number of Payment
    Id Lines        9(2)      284-285      Number of payment identification lines to be
                                           printed.  Values are as follows:
                                               01 = none or one
                                               02 = two
                                           Name Only, Direct Mail, and Foreign Mail, are
                                           01 or 02
                                           NCR (Enclosure Code 2) is 01 to 14, Note: the
                                           05 and 06 NCR Enclosure Records must be
                                           included.

20. *Payment ID
    Line 1          X(55)     286-340      Name Only, Direct Mail, and Foreign Mail are
                                           restricted to the first 40 characters maximum.
                                           NCR (Enclosure Code 2) contains up to 55 characters
                                           of payment identification information.
                                           Blank fill if none.

21. Payment ID
    Line 2          X(55)     341-395      Additional line for payment identification
                                           information to be printed on check. Name Only,
                                           Direct Mail, and Foreign Mail are restricted to the
                                           first 40 characters maximum. NCR (Enclosure Code 2)
                                           contains up to 55 characters of payment
                                           identification information.  Blank fill if none.

22. Filler          X(18)     396-413      Blank Fill.

23. *1099 Reporting
    Eligibility     X(1)      414-414      "N" = Non-participating or Not Reportable.
                                           (Mandatory Value if 01 record Payment Application
                                           is a Benefit or Tax; or if Payment Type is a Manual
                                           Check. Default Value for Payment Application Vendor
                                           or Miscellaneous.)

                                           "A" = Rents.
                                           "B" = Royalties.
                                           "C" = Other Income.
                                           "D" = Federal Income Tax withheld (backup
                                                 withholding or withholding on payment of
                                                 Indian gaming profits).
                                           "E" = Fishing boat proceeds.
                                           "F" = Medical and health care payments.
                                           "G" = Nonemployee compensation or crop
                                                 insurance proceeds.
                                           "H" = Substitute payments in lieu of dividends or
                                                 interest.
                                           "I" = Excess golden parachute payments.
                                                 (Required field)

24. *TOP Offset
    Eligibility     X(1)      415-415      "Y" = Eligible for TOP, "N" = Not eligible. "Y" is
                                           the default.  (Required Field)
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25. ASAID          X(8)      416-423      Agency Security Administrator ID. (BLANK FILL FOR
                                          3rd PARTY FORMAT.)

26. ACOID          X(8)      424-431      Agency Certifying Officer ID. (BLANK FILL FOR 3rd
                                          PARTY FORMAT.)

27. MAC            X(9)      432-440      Message Authentication Code for record.
                                          Format: XXXX XXXX. (BLANK FILL FOR 3rd
                                          PARTY FORMAT.)
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Payment Formats

RECORD NAME :   Check 05 NCR Enclosure Record, include this record if this is a NCR
                   Enclosure payment.   Modified - 3/20/98

DATA ELEMENT DESCRIPTION

ITEM	FORMAT	COLUMN	DESCRIPTION
1. Record Type	9(2)	1-2	Identifies type of record. 05 = Payment Record (Required record for NCR Enclosure Code 2 payments)
2. Payment Number	9(6)	3-8	Identifies sequence of record in schedule. Starts with number 000001 and updated by one for each subsequent payment in schedule. Same as payment number on 04 record.
3. *Schedule Number	X(14)	9-22	Same as schedule number in ALC Control Record. Right justify, zero pad. Zero fill first four positions.
4. Payment ID Line 3	X(55)	23-77	Up to 14 lines of payment identification information may be placed in these fields for printing on the "Notice to Check Recipient" (NCR) forms. If less than the 14 lines required, remaining lines must be blank filled. First 2 lines are in the 04 Payment Record.
5. Payment ID Line 4	X(55)	78-132	
6. Payment ID Line 5	X(55)	133-187	
7. Payment ID Line 6	X(55)	188-242	
8. Payment ID Line 7	X(55)	243-297	
9. Payment ID Line 8	X(55)	298-352	
10. Filler	X(63)	353-415	Blank Fill.
11. ASAID	X(8)	416-423	Agency Security Administrator ID. *(BLANK FILL FOR 3rd PARTY FORMAT.)*
12. ACOID	X(8)	424-431	Agency Certifying Officer ID. *(BLANK FILL FOR 3rd PARTY FORMAT.)*
13. MAC	X(9)	432-440	Message Authentication Code for record. Format: XXXX XXXX. *(BLANK FILL FOR 3rd PARTY FORMAT.)*

Payment Formats

RECORD NAME :   Check 06 NCR Enclosure Record, include this record if this is a NCR
                       Enclosure payment.   Modified 3/20/98

DATA ELEMENT DESCRIPTION   Page 01 of 01

ITEM	FORMAT	COLUMN	DESCRIPTION
1. Record Type	9(2)	1-2	Identifies type of record. 06 = Payment Record <u>(Required record for NCR Enclosure Code 2 payments)</u>
2. Payment Number	9(6)	3-8	Identifies sequence of record in schedule. Starts with number 000001 and updated by one for each subsequent payment in schedule. Same as payment number on 04 record.
3. *Schedule Number	X(14)	9-22	Same as schedule number in ALC Control Record. Right justify, zero pad. Zero fill first four positions.
4. Payment ID Line 9	X(55)	23-77	Up to 14 lines of payment identification information may be placed in these fields for printing on the "Notice to Check Recipient" (NCR) forms. If less than the 14 lines required, remaining lines must be blank filled.
5. Payment ID Line 10	X(55)	78-132	
6. Payment ID Line 11	X(55)	133-187	
7. Payment ID Line 12	X(55)	188-242	
8. Payment ID Line 13	X(55)	243-297	
9. Payment ID Line 14	X(55)	298-352	
10. Filler	X(63)	353-415	Blank Fill.
11. ASAID	X(8)	416-423	Agency Security Administrator ID. ***(BLANK FILL FOR 3rd PARTY FORMAT.)***
12. ACOID	X(8)	424-431	Agency Certifying Officer ID. ***(BLANK FILL FOR 3rd PARTY FORMAT.)***
13. MAC	X(9)	432-440	Message Authentication Code for record. Format: XXXX XXXX. ***(BLANK FILL FOR 3rd PARTY FORMAT.)***

Check Trailer Records

Payment Formats

DATA ELEMENT DESCRIPTION

ITEM	FORMAT	COLUMN	DESCRIPTION
1. Record Type	9(2)	1-2	Identifies type of record. 09 = Schedule Control Record
2. Record Number	9(6)	3-8	Identifies sequence of record in schedule. One number higher than last payment number in schedule.
3. *Schedule Number	X(14)	9-22	Same as schedule number in ALC Control Record. Right justify, zero pad. Zero fill first four positions.
4. Constant Nines	9(13)	23-35	Nines fill
5. Schedule Item Count	9(7)	36-42	Number of payments in schedule. Count does not include control records.
6. *Schedule Amount	9(13)	43-55	Total dollar amount of payments in schedule. Currently the largest total schedule amount allowed will result in a 12 digit amount. Therefore, the highest order digit in this field will always be 0. This also applies to Appropriation Amounts. Right justify, zero pad.
7. *Record Code	X(1)	56-56	"C"
8. *Account Symbol 1	X(16)	57-72	Account symbol or other appropriate reference identifying the appropriation or fund affected for the first account symbol on this schedule. (Additional account symbols, up to ten, will be entered in subsequent fields as needed).
9. *Appropriated Amt 1	9(13)	73-85	Total amount on the schedule used for the first account symbol. (Appropriation amounts for additional account symbols will be entered in subsequent appropriated amount fields). Currently the largest total amount allowed will result in a 12 digit amount. Therefore, the highest order digit in this field will always be 0. Right justify, zero pad.
10. *Account Symbol 2	X(16)	86-101	Blank fill if not needed
11. *Appropriated Amt 2	9(13)	102-114	Zero fill if not needed
12. *Account Symbol 3	X(16)	115-130	Blank fill if not needed
13. *Appropriated Amt 3	9(13)	131-143	Zero fill if not needed
14. *Account Symbol 4	X(16)	144-159	Blank fill if not needed
15. *Appropriated Amt 4	9(13)	160-172	Zero fill if not needed
16. *Account Symbol 5	X(16)	173-188	Blank fill if not needed
17. *Appropriated Amt 5	9(13)	189-201	Zero fill if not needed
18. *Account Symbol 6	X(16)	202-217	Blank fill if not needed
19. *Appropriated	9(13)	218-230	Zero fill if not needed

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     Amt 6

20. *Account
     Symbol 7        X(16)      231-246       Blank fill if not needed

21. *Appropriated   9(13)      247-259       Zero fill if not needed
     Amt 7

22. *Account
     Symbol 8        X(16)      260-275       Blank fill if not needed

23. *Appropriated   9(13)      276-288       Zero fill if not needed
     Amt 8

24. *Account
     Symbol 9        X(16)      289-304       Blank fill if not needed

25. *Appropriated   9(13)      305-317       Zero fill if not needed
     Amt 9

26. *Account
     Symbol 10       X(16)      318-333       Blank fill if not needed

27. *Appropriated   9(13)      334-346       Zero fill if not needed
     Amt 10

28. Filler          X(69)      347-415       Blank Fill.

29. ASAID           X(8)       416-423       Agency Security Administrator ID. (BLANK FILL FOR
                                             3rd PARTY FORMAT.)

30. ACOID           X(8)       424-431       Agency Certifying Officer ID. (BLANK FILL FOR 3rd
                                             PARTY FORMAT.)

31. MAC             X(9)       432-440       Message Authentication Code for record.
                                             Format:  XXXX XXXX. (BLANK FILL FOR 3rd PARTY
                                             FORMAT.)
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Payment Formats

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RECORD NAME : Check Schedule Trailer Record                    Modified 2/9/1998

DATA ELEMENT DESCRIPTION
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ITEM	FORMAT	COLUMN	DESCRIPTION
1. Record Type	9(2)	1-2	Identifies type of record. 99 = Schedule Trailer Record
2. Record Number	9(6)	3-8	Identifies sequence of record in schedule. One number higher than record number in schedule control record
3. *Schedule Number	X(14)	9-22	Same as schedule number in ALC Control Record. Right justify, zero pad. Zero fill first four positions.
4. Filler	X(393)	23-415	Blank Fill.
5. ASAID	X(8)	416-423	Agency Security Administrator ID. ***(BLANK FILL FOR 3rd PARTY FORMAT.)***
6. ACOID	X(8)	424-431	Agency Certifying Officer ID. ***(BLANK FILL FOR 3rd PARTY FORMAT.)***
7. MAC	X(9)	432-440	Message Authentication Code for entire schedule (file) excluding Transmission Header Record and Schedule Trailer Record. Format: XXXX XXXX. ***(BLANK FILL FOR 3rd PARTY FORMAT.)***

ACH Header Records

Payment Formats

RECORD NAME : ACH Transmission Header Record   Modified 3/20/98

DATA ELEMENT DESCRIPTION

ITEM	FORMAT	COLUMN	DESCRIPTION
1. Record Type	9(2)	1-2	Identifies type of record. 01 = Transmission Header Record
2. Transmission Number	9(6)	3-8	Always 000001 for first transmission of day. Increase by 1 for each subsequent transmission. **(BLANK FILL FOR 3rd PARTY FORMAT.)**
3. *Schedule Number	X(14)	9-22	Schedule number under which payments will be made. Right justify, zero pad. Zero fill first four positions.
4. Date/Time	9(12)	23-34	Date/Time the schedule was transmitted to ROC. Format: YYYYMMDDHHMM. **(BLANK FILL FOR 3rd PARTY FORMAT.)**
5. FPA ID	X(4)	35-38	Unique acronym for each FPA **(BLANK FILL FOR 3rd PARTY FORMAT.)**
6. FPA PC #	9(2)	39-40	Unique number assigned to each PC in FPA **(BLANK FILL FOR 3rd PARTY FORMAT.)**
7. Filler	X(2)	41-42	Blank fill
8. RFC Identifier	X(3)	43-45	Regional Financial Center for processing Schedule. AFC = Austin BFC = Birmingham CFC = Chicago KFC = Kansas City PFC = Philadelphia SFC = San Francisco
9. ALC	X(8)	46-53	Agency Location Code from the 02 Record.
10. DOS Filename	X(12)	54-65	DOS filename, NNNNNNNN.RFC. File format is three digit schedule sequence, dash separator, 4 digit schedule creation date. The file extension contains designated RFC. Ex: 001-1003.BFC **(BLANK FILL FILE EXTENSION ONLY FOR 3rd PARTY FORMAT.)**
11. Filler	X(351)	66-416	Blank Fill..
12.*Payment Type	9(1)	417-417	One digit code stating Payment Type of data being transmitted. Codes are as follows: "A" = ACH "P" = ACH Prenote
13. *Payment Application	9(1)	418-418	One digit code stating Payment Type of data being transmitted. Codes are as follows: "V" = Vendor "S" = Salary "T" = Travel "M" = Miscellaneous "X" = Tax "B" = SSA Benefit "D" = SSI Benefit "O" = OPM Benefit "R" = RRB Benefit "C" = VA Benefit
14. Filler	X(22)	419-440	Blank Fill.

Payment Formats

DATA ELEMENT DESCRIPTION

ITEM	FORMAT	COLUMN	DESCRIPTION
1. Record Type	9(2)	1-2	Identifies type of record. 02 = ALC Control Record
2. Record Number	9(6)	3-8	Always 000001.
3. *Schedule Number	X(14)	9-22	Schedule number under which payments will be made. Right justify, zero pad. Zero fill first four positions.
4. Filler	X(13)	23-35	Blank Fill.
5. ALC	9(8)	36-43	8-digit ALC assigned to this schedule
6. Filler	X(11)	44-54	Blank Fill.
7. Record Code	X(1)	55-55	"&" HEX (26)
8. Filler	X(360)	56-415	Blank Fill.
9. ASAID	X(8)	416-423	Agency Security Administrator ID. ***(BLANK FILL FOR 3rd PARTY FORMAT.)***
10. ACOID	X(8)	424-431	Agency Certifying Officer ID. ***(BLANK FILL FOR 3rd PARTY FORMAT.)***
11. MAC	X(9)	432-440	Message Authentication Code for record. Format: XXXX XXXX. ***(BLANK FILL FOR 3rd PARTY FORMAT.)***

```
RECORD NAME : ACH Agency Billing Address Control Record          Modified 3/20/98

DATA ELEMENT DESCRIPTION

    ITEM                  FORMAT     COLUMN      DESCRIPTION

    1. Record Type        9(2)       1-2         Identifies type of record.
                                                     03 = Agency Billing Address Control Record

    2. Record Number      9(6)       3-8         Always 000002.

    3. *Schedule Number X(14)        9-22        Same as schedule number in ALC Control Record.
                                                 Right justify, zero pad. Zero fill first four
                                                 positions.

    4. Zero Constant      9(13)      23-35       Zero Fill.

    5. Filler             X(19)      36-54       Blank Fill.

    6. Record Code        X(1)       55-55       "A"

    7. Agency Name        X(25)      56-80       Agency name for billing purposes

    8. Address 1          X(25)      81-105      Billing address of agency.  If less than 3 lines,
                                                 blank fill remaining lines. Last significant line
                                                 must contain City, State, and Zip Code.

    9. Address 2          X(25)      106-130

   10. Address 3          X(25)      131-155

   11. Agency Telephone X(10)        156-165     Telephone number for billing questions.   Format:
                                                 AAATTTTTTT

   12. Filler             X(250)     166-415     Blank Fill.

   13. ASAID              X(8)       416-423     Agency Security Administrator ID  (BLANK FILL FOR
                                                 3rd PARTY FORMAT.)

   14. ACOID              X(8)       424-431     Agency Certifying Officer ID. (BLANK FILL FOR 3rd
                                                 PARTY FORMAT.)

   15. MAC                X(9)       432-440     Message Authentication Code for record.
                                                 Format:   XXXX XXXX. (BLANK FILL FOR 3rd PARTY
                                                 FORMAT.)
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ACH Payment Records

Payment Formats

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RECORD NAME :  ACH 04 Payment Record                        Modified - 07/20/98

DATA ELEMENT DESCRIPTION
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ITEM	FORMAT	COLUMN	DESCRIPTION
1. Record Type	9(2)	1-2	Identifies type of record. 04 = Payment Record
2. Payment Number	9(6)	3-8	Identifies sequence of record in schedule. Starts with number 000001 and updated by one for each subsequent payment record in schedule.
3. *Schedule Number	X(14)	9-22	Same as schedule number in ALC Control Record. Right justify, zero pad. Zero fill first four positions.
4. Account Type	X(1)	23-23	"C" = Checking Account "S" = Savings Account
5. *Payee ID/TIN	X(9)	24-32	Tax Identification Number, Vendor Id, SSN or Payee Id. 9 position numeric SSN mandatory for Travel and Salary. Other Payment Types 1-9 position alpha-numeric (one character minimum).
6. Filler	X(3)	33-35	Blank Fill.
7. Zero Constant	9(11)	36-46	Zero Fill.
8. Payment Amount	9(10)	47-56	Amount of payment. Right-justify and pad with high-order zeros. (Restricted to 8 positions for Addendum format PPD.)
9. Record Code	X(1)	57-57	"B"
10. Payee Name	X(22)	58-79	Name of payee or vendor
11. Allotment Code	X(1)	80-80	"Y" = Salary Allotment Payment Record. "N" = Regular Salary Payment Record. " " = Blank Fill if not a Salary Payment.
12. Filler	X(6)	81-86	Blank Fill..
13. Routing Transit Number	9(9)	87-95	Routing Transit Number (RTN) for assigned payment for receiving financial institution.
14. Depositor Account Number	X(17)	96-112	Depositor Account Number (DAN) assigned to this record.
15. Filler	X(104)	113-216	Blank Fill.
16. Payment Type	X(1)	217-217	Blank Fill (reserved for future use).
17. Account Symbol	X(16)	218-233	Identifies appropriation or fund used to make payment
18. Filler	X(50)	234-283	Blank Fill (reserved for future use).
19. Payment ID Line	X(80)	284-363	Contains up to 80 characters of payment identification information. Blank fill if none. NACHA editing. See ACH Addendum Record Users Guide for the valid Data Elements and string structure.

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20. Filler          X(47)    364-410    Blank Fill.

21. *Addendum Format X(3)     411-413    Vendor = "CCD" (Mandatory)
                                         Salary = "PPD" (Mandatory)
                                         Travel = "PPD" (Mandatory)
                                         Miscellaneous = "CCD" (Mandatory)
                                         Tax = "PPD" (Mandatory)
                                         Benefits = "PPD" (Mandatory)
                                         (Required Field, even if the addendum record is
                                         blank)

22. *1099 Reporting
    Eligibility     X(1)     414-414    "N" = Non-participating or Not
                                        Reportable.(Mandatory Value if 01 record Payment
                                        Application is a Salary, Travel, Benefit or Tax.
                                        Default Value for Payment Application Vendor or
                                        Miscellaneous.)
                                        "A" = Rents.
                                        "B" = Royalties.
                                        "C" = Other Income.
                                        "D" = Federal Income Tax withheld (backup
                                              withholding or withholding on payment of
                                              Indian gaming profits).
                                        "E" = Fishing boat proceeds.
                                        "F" = Medical and health care payments.
                                        "G" = Nonemployee compensation or crop insurance
                                              proceeds.
                                        "H" = Substitute payments in lieu of dividends or
                                              interest.
                                        "I" = Excess golden parachute payments.
                                        (Required field.)

23. *TOP Offset
    Eligibility     X(1)     415-415    "Y" = Eligible for TOP, "N" = Not eligible. "Y" is
                                        the default.   (Required Field)

24. ASAID           X(8)     416-423    Agency Security Administrator ID. (BLANK FILL FOR
                                        3rd PARTY FORMAT.)

25. ACOID           X(8)     424-431    Agency Certifying Officer ID. (BLANK FILL FOR 3rd
                                        PARTY FORMAT.)

26. MAC             X(9)     432-440    Message Authentication Code for record.  Format:
                                        XXXX XXXX. (BLANK FILL FOR 3rd PARTY FORMAT.)
```

ACH Trailer Records

Payment Formats

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RECORD NAME : ACH Schedule Control Record                    Modified  6/8/98

DATA ELEMENT DESCRIPTION
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ITEM	FORMAT	COLUMN	DESCRIPTION
1. Record Type	9(2)	1-2	Identifies type of record. 09 = Schedule Control Record
2. Record Number	9(6)	3-8	Identifies sequence of record in schedule. One number higher than last payment number in schedule.
3. *Schedule Number	X(14)	9-22	Same as schedule number in ALC Control Record. Right justify, zero pad. Zero fill first four positions.
4. Constant Nines	9(13)	23-35	Nines fill
5. Schedule Item Count	9(7)	36-42	Number of payments in schedule. Count does not include control records.
6. *Schedule Amount	9(13)	43-55	Total dollar amount of payments in schedule. Currently the largest total schedule amount allowed will result in a 12 digit amount. Therefore, the highest order digit in this field will always be 0. This also applies to Appropriation Amounts. Right justify, zero pad.
7. *Record Code	X(1)	56-56	"C"
8. *Account Symbol 1	X(16)	57-72	Account symbol or other appropriate reference identifying the appropriation or fund affected for the first account symbol on this schedule. (Additional account symbols, up to ten, will be entered in subsequent fields as needed).
9. *Appropriated Amt 1	9(13)	73-85	Total amount on the schedule used for the first account symbol. (Appropriation amounts for additional account symbols will be entered in subsequent appropriated amount fields). Currently the largest total amount allowed will result in a 12 digit amount. Therefore, the highest order digit in this field will always be 0. Right justify, zero pad.
10. *Account Symbol 2	X(16)	86-101	Blank fill if not needed
11. *Appropriated Amt 2	9(13)	102-114	Zero fill if not needed
12. *Account Symbol 3	X(16)	115-130	Blank fill if not needed
13. *Appropriated Amt 3	9(13)	131-143	Zero fill if not needed
14. *Account Symbol 4	X(16)	144-159	Blank fill if not needed
15. *Appropriated Amt 4	9(13)	160-172	Zero fill if not needed

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16. *Account
     Symbol 5        X(16)     173-188      Blank fill if not needed

17. *Appropriated    9(13)     189-201      Zero fill if not needed
     Amt 5

18. *Account
     Symbol 6        X(16)     202-217      Blank fill if not needed

19. *Appropriated    9(13)     218-230      Zero fill if not needed
     Amt 6

20. *Account
     Symbol 7        X(16)     231-246      Blank fill if not needed

21. *Appropriated    9(13)     247-259      Zero fill if not needed
     Amt 7

22. *Account
     Symbol 8        X(16)     260-275      Blank fill if not needed

23. *Appropriated    9(13)     276-288      Zero fill if not needed
     Amt 8

24. *Account
     Symbol 9        X(16)     289-304      Blank fill if not needed

25. *Appropriated    9(13)     305-317      Zero fill if not needed
     Amt 9

26. *Account
     Symbol 10       X(16)     318-333      Blank fill if not needed

27. *Appropriated    9(13)     334-346      Zero fill if not needed
     Amt 10

28. Filler          X(69)     347-415      Blank Fill.
```

29. ASAID   X(8)   416-423   Agency Security Administrator ID. **_(BLANK FILL FOR 3rd PARTY FORMAT.)_**

30. ACOID   X(8)   424-431   Agency Certifying Officer ID. **_(BLANK FILL FOR 3rd PARTY FORMAT.)_**

31. MAC   X(9)   432-440   Message Authentication Code for record. Format: XXXX XXXX. **_(BLANK FILL FOR 3rd PARTY FORMAT.)_**

Payment Formats

DATA ELEMENT DESCRIPTION

ITEM	FORMAT	COLUMN	DESCRIPTION
1. Record Type	9(2)	1-2	Identifies type of record. 99 = Schedule Trailer Record
2. Record Number	9(6)	3-8	Identifies sequence of record in schedule. One number higher than record number in schedule control record
3. *Schedule Number	X(14)	9-22	Same as schedule number in ALC Control Record. Right justify, zero pad. Zero fill first four positions.
4. Filler	X(393)	23-415	Blank Fill.
5. ASAID	X(8)	416-423	Agency Security Administrator ID. *(BLANK FILL FOR 3rd PARTY FORMAT.)*
6. ACOID	X(8)	424-431	Agency Certifying Officer ID. *(BLANK FILL FOR 3rd PARTY FORMAT.)*
7. MAC	X(9)	432-440	Message Authentication Code for entire schedule (file) excluding Transmission Header Record and Schedule Trailer Record. Format: XXXX XXXX. *(BLANK FILL FOR 3rd PARTY FORMAT.)*

Summary Totals Header Records

Payment Formats

RECORD NAME : Summary Totals Transmission Header Record   Modified 3/20/98

DATA ELEMENT DESCRIPTION

ITEM	FORMAT	COLUMN	DESCRIPTION
1. Record Type	9(2)	1-2	Identifies type of record. 01 = Transmission Header Record
2. Transmission Number	9(6)	3-8	Always 000001 for first transmission of day. Increase by 1 for each subsequent transmission. **_(BLANK FILL FOR 3rd PARTY FORMAT.)_**
3. *Schedule Number	X(14)	9-22	Schedule number under which payments will be made. Right justify, zero pad. Zero fill first four positions.
4. Date/Time	9(12)	23-34	Date/Time the schedule was transmitted to ROC. Format: YYYYMMDDHHMM.**_(BLANK FILL FOR 3rd PARTY FORMAT.)_**
5. FPA ID	X(4)	35-38	Unique acronym for each FPA **_(BLANK FILL FOR 3rd PARTY FORMAT.)_**
6. FPA PC #	9(2)	39-40	Unique number assigned to each PC in FPA **_(BLANK FILL FOR 3rd PARTY FORMAT.)_**
7. Filler	X(2)	41-42	Blank Fill.
8. RFC Identifier	X(3)	43-45	Regional Financial Center for processing Schedule. AFC = Austin BFC = Birmingham CFC = Chicago KFC = Kansas City PFC = Philadelphia SFC = San Francisco
9. ALC	X(8)	46-53	Agency Location Code from the 02 Record.
10. DOS Filename	X(12)	54-65	DOS filename, NNNNNNNN.RFC. File format is three digit schedule sequence, dash separator, 4 digit schedule creation date. The file extension contains designated RFC. Ex: 001-1003.BFC **_(BLANK FILL FILE EXTENSION ONLY FOR 3rd PARTY FORMAT.)_**
11. Filler	X(351)	66-416	Blank Fill.
12.*Payment Type	9(1)	417-417	One digit code stating Payment Type of data being transmitted. Codes are as follows: M = Summary Y = Summary Prenote
13. *Payment Application	9(1)	418-418	One digit code stating Payment Type of data being transmitted. Codes are as follows: Blank Fill for Summary Totals Schedule.
14. Filler	X(22)	419-440	Blank Fill.

RECORD NAME : Summary Totals Agency Location Code (ALC) Control Record   Modified 7/20/98

DATA ELEMENT DESCRIPTION

ITEM	FORMAT	COLUMN	DESCRIPTION
1. Record Type	9(2)	1-2	Identifies type of record. 02 = ALC Control Record
2. Record Number	9(6)	3-8	Always 000001.
3. *Schedule Number	X(14)	9-22	Schedule number under which payments will be made. Right justify, zero pad. Zero fill first four positions.
4. Filler	X(13)	23-35	Blank Fill.
5. ALC	9(8)	36-43	8-digit ALC assigned to this schedule
6. Filler	X(11)	44-54	Blank Fill.
7. Record Code	X(1)	55-55	"&" HEX (26)
8. Filler	X(360)	56-415	Blank Fill.
9. ASAID	X(8)	416-423	Agency Security Administrator ID. *(BLANK FILL FOR 3[rd] PARTY FORMAT.)*
10. ACOID	X(8)	424-431	Agency Certifying Officer ID. *(BLANK FILL FOR 3[rd] PARTY FORMAT.)*
11. MAC	X(9)	432-440	Message Authentication Code for record. Format: XXXX XXXX. *(BLANK FILL FOR 3[rd] PARTY FORMAT.)*

Payment Formats

DATA ELEMENT DESCRIPTION

ITEM	FORMAT	COLUMN	DESCRIPTION
1. Record Type	9(2)	1-2	Identifies type of record. 03 = Agency Billing Address Control Record
2. Record Number	9(6)	3-8	Always 000002.
3. *Schedule Number	X(14)	9-22	Same as schedule number in ALC Control Record. Right justify, zero pad. Zero fill first four positions.
4. Zero Constant	9(13)	23-35	Zero Fill.
5. Filler	X(19)	36-54	Blank Fill.
6. Record Code	X(1)	55-55	"A"
7. Agency Name	X(25)	56-80	Agency name for billing purposes
8. Address 1	X(25)	81-105	Billing address of agency. If less than 3 lines, blank fill remaining lines. Last significant line must contain City, State, and Zip Code.
9. Address 2	X(25)	106-130	
10. Address 3	X(25)	131-155	
11. Agency Telephone	X(10)	156-165	Telephone number for billing questions. Format: AAATTTTTTT
12. Filler	X(250)	166-415	Blank Fill.
13. ASAID	X(8)	416-423	Agency Security Administrator ID *(BLANK FILL FOR 3rd PARTY FORMAT.)*
14. ACOID	X(8)	424-431	Agency Certifying Officer ID. *(BLANK FILL FOR 3rd PARTY FORMAT.)*
15. MAC	X(9)	432-440	Message Authentication Code for record. Format: XXXX XXXX. *(BLANK FILL FOR 3rd PARTY FORMAT.)*

Summary Totals Payment Records

Payment Formats

RECORD NAME : Summary Totals 04 Record   Modified - 6/8/98

DATA ELEMENT DESCRIPTION

ITEM	FORMAT	COLUMN	DESCRIPTION
1. Record Type	9(2)	1-2	Identifies type of record. 04 = Payment Record.
2. Payment Number	9(6)	3-8	Always 000001.
3. *Schedule Number	X(14)	9-22	Same as schedule number in ALC Control Record. Right justify, zero pad. Zero fill first four positions.
4. Filler	X(4)	23-26	Blank Fill.
5. Requested Payment Date	9(8)	27-34	MMDDYYYY
6. *Summary Payment Codes	X(2)	35-36	<u>First Position</u> A = Allotments B = Benefit (Monthly; SSA, SSI, VA, OPM and RRB) D = Daily Benefits (such as PMA) F = Foreign mailing of US Dollar Checks, 2nd Position must be "C" H = International Direct Deposit (IDD), 2nd Position must be "E" I = IDRS Daily Tax M = Miscellaneous N = VAINS (VA Insurance Due Date) P = Pre-Authorized Debit (PAD), 2nd position must be "E" R = Redraw Schedules for TOP S = Salary T = Travel V = Vendor X = Tax Refunds (IMF, BMF) Z = EDI/EFT/CTX Files <u>Second Position</u> C = Check (mandatory if 1st position = F) E = EFT (mandatory if 1st position = H or P) M = Mixed Check/ACH F = FEDLINE/FEDWIRE
7. Filler	X(10)	37-46	Blank Fill.
8. *Reel Number 1	X(7)	47-53	Alpha-numeric and/or dash or space. Required (Left Justified).
9. Reel Number 2	X(7)	54-60	Blank Fill if not needed.
10. Reel Number 3	X(7)	61-67	Blank Fill if not needed.
11. Reel Number 4	X(7)	68-74	Blank Fill if not needed.
12. Reel Number 5	X(7)	75-81	Blank Fill if not needed.
13. Filler	X(35)	82-116	Blank Fill.
14. MAC for Payment Data	X(8)	117-124	Blank Fill if not needed.

15.	ALC	9(8)	125-132	8 digit ALC assigned to this schedule.
16.	Number of Payments Total	9(8)	133-140	Zero Fill.
17.	Amount Total	9(15)	141-155	Right-justified and pad with high-order zeros.
18.	Filler	X(5)	156-160	Blank Fill.
19.	Account Symbol 1	X(16)	161-176	Account symbol or other appropriate reference identifying the appropriation or fund affected for the first account symbol on this schedule. (Additional account symbols, up to ten, will be entered in subsequent fields as needed). Required.
20.	Total Amt Amount 1	9(13)	177-189	Total amount for the first account symbol. (Appropriation amounts for additional account symbols will be entered in subsequent appropriated amount fields).Right-justified and pad with high order zeros. Required.
21.	Account Symbol 2	X(16)	190-205	Blank Fill.
22.	Total Amt Sym 2	9(13)	206-218	Zero Fill.
23.	Account Symbol 3	X(16)	219-234	Blank Fill.
24.	Total Amt Sym 3	9(13)	235-247	Zero Fill.
25.	Account Symbol 4	X(16)	248-263	Blank Fill.
26.	Total Amt Sym 4	9(13)	264-276	Zero Fill.
27.	Account Symbol 5	X(16)	277-292	Blank Fill.
28.	Total Amt Sym 5	9(13)	293-305	Zero Fill.
29.	Account Symbol 6	X(16)	306-321	Blank Fill.
30.	Total Amt Sym 6	9(13)	322-334	Zero Fill.
31.	Account Symbol 7	X(16)	335-350	Blank Fill.
32.	Total Amt Sym 7	9(13)	351-363	Zero Fill.
33.	Account Symbol 8	X(16)	364-379	Blank Fill.
34.	Total Amt Sym 8	9(13)	380-392	Zero Fill.
35.	Filler	X(23)	393-415	Blank Fill.
36.	ASAID	X(8)	416-423	Agency Security Administrator ID. *(BLANK FILL FOR 3rd PARTY FORMAT.)*
37.	ACOID	X(8)	424-431	Agency Certifying Officer ID. *(BLANK FILL FOR 3rd PARTY FORMAT.)*
38.	MAC	X(9)	432-440	Message Authentication Code for record. Format: XXXX XXXX. *(BLANK FILL FOR 3rd PARTY FORMAT.)*

Payment Formats

DATA ELEMENT DESCRIPTION

ITEM	FORMAT	COLUMN	DESCRIPTION
1. Record Type	9(2)	1-2	Identifies type of record. 05 = Payment Record.
2. Payment Number	9(6)	3-8	Always 000001.
3. *Schedule Number	X(14)	9-22	Same as schedule number in ALC Control Record. Right justify, zero pad. Zero fill first four positions.
4. Account Symbol 9	X(16)	23-38	Blank Fill.
5. Total Amt Symbol 9	9(13)	39-51	Zero Fill.
6. Account Symbol 10	X(16)	52-67	Blank Fill.
7. Total Amt Symbol 10	9(13)	68-80	Zero Fill.
8. No-Check Total	9(13)	81-93	Zero Fill.
9. Filler	X(10)	94-103	Blank Fill.
10. Remarks 1	X(72)	104-175	Blank Fill.
11. Remarks 2	X(72)	176-247	Blank Fill.
12. Remarks 3	X(72)	248-319	Blank Fill.
13. Filler	X(96)	320-415	Blank Fill.
14. ASAID	X(8)	416-423	Agency Security Administrator ID. *__(BLANK FILL FOR 3rd PARTY FORMAT.)__*
15. ACOID	X(8)	424-431	Agency Certifying Officer ID. *__(BLANK FILL FOR 3rd PARTY FORMAT.)__*
16. MAC	X(9)	432-440	Message Authentication Code for record. Format: XXXX XXXX. *__(BLANK FILL FOR 3rd PARTY FORMAT.)__*

RECORD NAME : Summary Totals 06 Record   Modified 3/20/98

DATA ELEMENT DESCRIPTION

ITEM	FORMAT	COLUMN	DESCRIPTION
1. Record Type	9(2)	1-2	Identifies type of record. 06 = Payment Record.
2. Payment Number	9(6)	3-8	Always 000001.
3. *Schedule Number	X(14)	9-22	Same as schedule number in ALC Control Record. Right justify, zero pad. Zero fill first four positions.
4. Remarks 4	X(72)	23-94	Blank Fill.
5. Remarks 5	X(72)	95-166	Blank Fill.
6. Remarks 6	X(72)	167-238	Blank Fill.
7. Remarks 7	X(72)	239-310	Blank Fill.
8. CO Name	X(16)	311-326	CO Name. **_(BLANK FILL FOR 3rd PARTY FORMAT.)_**
9. Filler	X(89)	327-415	Blank Fill.
10. ASAID	X(8)	416-423	Agency Security Administrator ID. **_(BLANK FILL FOR 3rd PARTY FORMAT.)_**
11. ACOID	X(8)	424-431	Agency Certifying Officer ID. **_(BLANK FILL FOR 3rd PARTY FORMAT.)_**
12. MAC	X(9)	432-440	Message Authentication Code for record. Format: XXXX XXXX. **_(BLANK FILL FOR 3rd PARTY FORMAT.)_**

Summary Totals Trailer Records

Payment Formats

RECORD NAME : Summary Totals Schedule Control Record   Modified 3/20/98

DATA ELEMENT DESCRIPTION

ITEM	FORMAT	COLUMN	DESCRIPTION
1. Record Type	9(2)	1-2	Identifies type of record. 09 = Schedule Control Record
2. Record Number	9(6)	3-8	Always 000002.
3. *Schedule Number	X(14)	9-22	Same as schedule number in ALC Control Record. Right justify, zero pad. Zero fill first four positions.
4. Constant Nines	9(13)	23-35	Nines fill
5. Schedule Item Count	9(8)	36-43	Number of payment records in schedule. Same as Number of Payments Total from Summary 04 record. Count does not include control records.
6. Schedule Amount	9(15)	44-58	Total dollar amount of payments in schedule.
7. Record Code	X(1)	59-59	"C"
8. Filler	X(356)	60-415	Blank Fill.
9. ASAID	X(8)	416-423	Agency Security Administrator ID. **(BLANK FILL FOR 3rd PARTY FORMAT.)**
10. ACOID	X(8)	424-431	Agency Certifying Officer ID. **(BLANK FILL FOR 3rd PARTY FORMAT.)**
11. MAC	X(9)	432-440	Message Authentication Code for record. Format: XXXX XXXX. **(BLANK FILL FOR 3rd PARTY FORMAT.)**

Payment Formats

DATA ELEMENT DESCRIPTION

ITEM	FORMAT	COLUMN	DESCRIPTION
1. Record Type	9(2)	1-2	Identifies type of record. 99 = Schedule Trailer Record
2. Record Number	9(6)	3-8	Identifies sequence of record in schedule. One number higher than record number in schedule control record
3. *Schedule Number	X(14)	9-22	Same as schedule number in ALC Control Record. Right justify, zero pad. Zero fill first four positions.
4. Filler	X(393)	23-415	Blank Fill.
5. ASAID	X(8)	416-423	Agency Security Administrator ID. **_(BLANK FILL FOR 3rd PARTY FORMAT.)_**
6. ACOID	X(8)	424-431	Agency Certifying Officer ID. **_(BLANK FILL FOR 3rd PARTY FORMAT.)_**
7. MAC	X(9)	432-440	Message Authentication Code for entire schedule (file) excluding Transmission Header Record and Schedule Trailer Record. Format: XXXX XXXX. **_(BLANK FILL FOR 3rd PARTY FORMAT.)_**

SDPR Header Records

Payment Formats

DATA ELEMENT DESCRIPTION

ITEM	FORMAT	COLUMN	DESCRIPTION
1. Record Type	9(2)	1-2	Identifies type of record. 01 = Transmission Header Record
2. Transmission Number	9(6)	3-8	Always 000001 for first transmission of day. Increase by 1 for each subsequent transmission. **(BLANK FILL FOR 3rd PARTY FORMAT.)**
3. *Schedule Number	X(14)	9-22	Schedule number under which payments will be made. Right justify, zero pad. Zero fill first four positions.
4. Date/Time	9(12)	23-34	Date/Time the schedule was transmitted to ROC. Format: YYYYMMDDHHMM.**(BLANK FILL FOR 3rd PARTY FORMAT.)**
5. FPA ID	X(4)	35-38	Unique acronym for each FPA **(BLANK FILL FOR 3rd PARTY FORMAT.)**
6. FPA PC #	9(2)	39-40	Unique number assigned to each PC in FPA **(BLANK FILL FOR 3rd PARTY FORMAT.)**
7. Filler	X(2)	41-42	Blank Fill.
8. RFC Identifier	X(3)	43-45	Regional Financial Center for processing Schedule. AFC = Austin BFC = Birmingham CFC = Chicago KFC = Kansas City PFC = Philadelphia SFC = San Francisco
9. ALC	X(8)	46-53	Agency Location Code from the 02 Record.
10. DOS Filename	X(12)	54-65	DOS filename, NNNNNNNN.RFC. File format is three digit schedule sequence, dash separator, 4 digit schedule creation date. The file extension contains designated RFC. Ex: 001-1003.BFC **(BLANK FILL FILE EXTENSION ONLY FOR 3rd PARTY FORMAT.)**
11. Filler	X(351)	66-416	Blank Fill.
12.*Payment Type	9(1)	417-417	One digit code stating Payment Type of data being transmitted. Codes are as follows: "D" = SDPR
13. *Payment Application	9(1)	418-418	One digit code stating Payment Type of data being transmitted. Codes are as follows: Blank Fill for SDPR Schedules
14. Filler	X(22)	419-440	Blank Fill.

Payment Formats

DATA ELEMENT DESCRIPTION

ITEM	FORMAT	COLUMN	DESCRIPTION
1. Record Type	9(2)	1-2	Identifies type of record. 02 = ALC Control Record
2. Record Number	9(6)	3-8	Always 000001.
3. *Schedule Number	X(14)	9-22	Schedule number under which payments will be made. Right justify, zero pad. Zero fill first four positions.
4. Filler	X(13)	23-35	Blank Fill.
5. ALC	9(8)	36-43	8-digit ALC assigned to this schedule
6. Filler	X(11)	44-54	Blank Fill.
7. Record Code	X(1)	55-55	"&" HEX (26)
8. Filler	X(360)	56-415	Blank Fill.
9. ASAID	X(8)	416-423	Agency Security Administrator ID. *(BLANK FILL FOR 3rd PARTY FORMAT.)*
10. ACOID	X(8)	424-431	Agency Certifying Officer ID. *(BLANK FILL FOR 3rd PARTY FORMAT.)*
11. MAC	X(9)	432-440	Message Authentication Code for record. Format: XXXX XXXX. *(BLANK FILL FOR 3rd PARTY FORMAT.)*

RECORD NAME : SDPR Agency Billing Address Control Record   Modified 3/20/98

DATA ELEMENT DESCRIPTION

ITEM	FORMAT	COLUMN	DESCRIPTION
1. Record Type	9(2)	1-2	Identifies type of record. 03 = Agency Billing Address Control Record
2. Record Number	9(6)	3-8	Always 000002.
3. *Schedule Number	X(14)	9-22	Same as schedule number in ALC Control Record. Right justify, zero pad. Zero fill first four positions.
4. Zero Constant	9(13)	23-35	Zero Fill.
5. Filler	X(19)	36-54	Blank Fill.
6. Record Code	X(1)	55-55	"A"
7. Agency Name	X(25)	56-80	Agency name for billing purposes
8. Address 1	X(25)	81-105	Billing address of agency. If less than 3 lines, blank fill remaining lines. Last significant line must contain City, State, and Zip Code.
9. Address 2	X(25)	106-130	
10. Address 3	X(25)	131-155	
11. Agency Telephone	X(10)	156-165	Telephone number for billing questions. Format: AAATTTTTTT
12. Filler	X(250)	166-415	Blank Fill.
13. ASAID	X(8)	416-423	Agency Security Administrator ID *(BLANK FILL FOR 3rd PARTY FORMAT.)*
14. ACOID	X(8)	424-431	Agency Certifying Officer ID. *(BLANK FILL FOR 3rd PARTY FORMAT.)*
15. MAC	X(9)	432-440	Message Authentication Code for record. Format: XXXX XXXX. *(BLANK FILL FOR 3rd PARTY FORMAT.)*

SDPR Payment Records

Payment Formats

DATA ELEMENT DESCRIPTION

ITEM	FORMAT	COLUMN	DESCRIPTION
1. Record Type	9(2)	1-2	Identifies type of record. 04 = Header Payment Record
2. Sequence Number	9(6)	3-8	Always 000001.
3. *Schedule Number	X(14)	9-22	Same as schedule number in ALC Control Record. Right justify, zero pad. Zero fill first four positions.
4. Date	X(8)	23-30	Date Schedule Entered, MMDDYYYY
5. Agency Location Code	9(8)	31-38	Agency Location Code
6. CO Name	X(25)	39-63	Certifying Officers Name. **_(BLANK FILL FOR 3rd PARTY FORMAT.)_**
7. CO Phone	9(10)	64-73	Certifying Officers Phone Number of Form: AAAXXXNNNN. **_(BLANK FILL FOR 3rd PARTY FORMAT.)_**
8. Grand Total	9(13)	74-86	Total amount for this schedule. Right-justify and pad with high-order zeros
9. Number Of Payments	9(2)	87-88	Total Number Of Payments for this schedule
10. Appropriation Remark 1	X(40)	89-128	Remarks For This Schedule. Blank fill if not used
11. Appropriation Remark 2	X(40)	129-168	Remarks For This Schedule. Blank fill if not used
12. Appropriation Remark 3	X(40)	169-208	Remarks For This Schedule. Blank fill if not used
13. Appropriation Remark 4	X(40)	209-248	Remarks For This Schedule. Blank fill if not used
14. Record Code	X(1)	249-249	"B"
15. Filler	X(166)	250-415	Blank Fill.
16. ASAID	X(8)	416-423	Agency Security Administrator ID. **_(BLANK FILL FOR 3rd PARTY FORMAT.)_**
17. ACOID	X(8)	424-431	Agency Certifying Officer ID. **_(BLANK FILL FOR 3rd PARTY FORMAT.)_**
18. MAC	X(9)	432-440	Message Authentication Code for record. Format: XXXX XXXX. **_(BLANK FILL FOR 3rd PARTY FORMAT.)_**

Payment Formats

DATA ELEMENT DESCRIPTION

ITEM	FORMAT	COLUMN	DESCRIPTION
1. Record Type	9(2)	1-2	Identifies type of record. 05 = Payment Record
2. Payment Number	9(6)	3-8	Identifies sequence of record in schedule. Starts with number 000001 and updated by one for each subsequent payment record in schedule
3. *Schedule Number	X(14)	9-22	Same as schedule number in ALC Control Record. Right justify, zero pad. Zero fill first four positions.
4. Receiving ABA Number	9(9)	23-31	Receiving Bank ABA Number
5. Receiving ABA Name	X(18)	32-49	Receiving Bank Name
6. Receiving ABA City	X(15)	50-64	Receiving Bank City
7. Receiving ABA State	X(2)	65-66	2 Position State Code
8. Type Code	9(2)	67-68	Type "10" or Type "15". Default to "10". "10" is standard depository institution funds transfer. "15" is transfer to foreign account.
9. Product Code	X(4)	69-72	Required. Values are "CTR/" or "BTR/".
10. Beneficiary Bank (BBK)	X(51)	73-123	Name of Beneficiary Bank. Required if Product Code = "BTR/" or a BBK ABA Number is used. Optional if Product Code = "CTR/". If used, leading spaces are invalid. Blank fill if not used.
11. *BBK ABA Number	9(9)	124-132	Beneficiary Bank ABA Number. Optional. If used, then Beneficiary Bank (BBK) must be present. Zero fill if not used.
12. BNF	X(47)	133-179	Name of Beneficiary. Required if Product Code = "CTR/" or Depositor Account Number (DAN) is used. Optional if Product Code = "BTR/". If used, leading spaces are invalid. Blank fill if not used.

13. *Depositor
    Account Number
    (DAN)
	X(17)	180-196	Beneficiary Account Number. Optional. If used, BNF must be present and leading or imbedded spaces are invalid. Blank fill if not used.

14. *BBK Remarks	X(72)	197-268	Optional. If used and Product Code = "BTR/", then first four characters must be "BBI=". If used and Product Code = "CTR/", then first four characters must be "OBI=".
15. RFB	X(16)	269-284	Reference for Payment Information. Blank fill if not used.
16. Payment Remarks 1	X(50)	285-334	Payment Remarks. Blank fill if not used
17. Payment Remarks 2	X(50)	335-384	Payment Remarks. Blank fill if not used
18. Payment Amount	9(11)	385-395	Amount of Payment. Right justify with leading zeroes

19. Filler	X(9)	396-404	Blank Fill.
20. *Payee ID/TIN	X(9)	405-413	Tax Identification Number, Vendor ID, SSN or Payee ID. 1 to 9 positions Alpha-numeric (one character minimum).
21. Filler	X(1)	414-414	Blank Fill.
22. *TOP Offset Eligibility	X(1)	415-415	"Y" = Eligible for TOP, "N" = Not eligible. "Y" is the default.
23. ASAID	X(8)	416-423	Agency Security Administrator ID. **_(BLANK FILL FOR 3rd PARTY FORMAT.)_**
24. ACOID	X(8)	424-431	Agency Certifying Officer ID. **_(BLANK FILL FOR 3rd PARTY FORMAT.)_**
25. MAC	X(9)	432-440	Message Authentication Code for record. Format: XXXX XXXX. **_(BLANK FILL FOR 3rd PARTY FORMAT.)_**

SDPR Trailer Records

Payment Formats

DATA ELEMENT DESCRIPTION

ITEM	FORMAT	COLUMN	DESCRIPTION
1. Record Type	9(2)	1-2	Identifies type of record. 09 = Schedule Control Record
2. Record Number	9(6)	3-8	Identifies sequence of record in schedule. One number higher than last payment number in schedule
3. *Schedule Number	X(14)	9-22	Same as schedule number in ALC Control Record. Right justify, zero pad. Zero fill first four positions.
4. Constant Nines	9(11)	23-33	Nines fill
5. Schedule Item Count	9(7)	34-40	Number of payment records in schedule. Count does not include control records.
6. Schedule Amount	9(13)	41-53	Total dollar amount of payments in schedule.
7. Record Code	X(1)	54-54	"C"
8. Filler	X(361)	55-415	Blank Fill.
9. ASAID	X(8)	416-423	Agency Security Administrator ID. *(BLANK FILL FOR 3rd PARTY FORMAT.)*
10. ACOID	X(8)	424-431	Agency Certifying Officer ID. *(BLANK FILL FOR 3rd PARTY FORMAT.)*
11. MAC	X(9)	432-440	Message Authentication Code for record. Format: XXXX XXXX. *(BLANK FILL FOR 3rd PARTY FORMAT.)*

Payment Formats

DATA ELEMENT DESCRIPTION

ITEM	FORMAT	COLUMN	DESCRIPTION
1. Record Type	9(2)	1-2	Identifies type of record. 99 = Schedule Trailer Record
2. Record Number	9(6)	3-8	Identifies sequence of record in schedule. One number higher than record number in schedule control record
3. *Schedule Number	X(14)	9-22	Same as schedule number in ALC Control Record. Right justify, zero pad. Zero fill first four positions.
4. Filler	X(393)	23-415	Blank Fill.
5. ASAID	X(8)	416-423	Agency Security Administrator ID. **(BLANK FILL FOR 3rd PARTY FORMAT.)**
6. ACOID	X(8)	424-431	Agency Certifying Officer ID. **(BLANK FILL FOR 3rd PARTY FORMAT.)**
7. MAC	X(9)	432-440	Message Authentication Code for entire schedule (file) excluding Transmission Header Record and Schedule Trailer Record. Format: XXXX XXXX. **(BLANK FILL FOR 3rd PARTY FORMAT.)**