

**AGENCY REQUEST FOR ADJUSTMENT/OPAC CHARGE-BACKS
TO FBF RENT BILLINGS**
(Read Instructions on Reverse Before Completing)

CONTROL NUMBER

SECTION I - TO BE COMPLETED BY THE CUSTOMER AGENCY

1. AGENCY/BUREAU NAME		2A. AGENCY/BUREAU CODE	2B. AGENCY ACCOUNT NUMBER		3. BILL NUMBER
4A. PROPERTY ID	4B. CBR NUMBER	4C. CITY		4D. STATE CODE	5. MONTH AND YEAR OF BILLING
6A. ARE YOU SUBMITTING AN SF-238, SIBAC ADJUSTMENT VOUCHER FOR CHARGE-BACKS? <input type="checkbox"/> YES <input type="checkbox"/> NO				6B. AMOUNT OF ADJUSTMENT REQUESTED \$	

7. CHECK APPROPRIATE BOX TO EXPLAIN THE CORRECTION REQUESTED

A. AGENCY/BUREAU CODE	D. RATES	G. CONGRESSIONAL REDUCTION	J. OTHER <i>(Specify)</i>
B. AGENCY/BUREAU NAME	E. RENT EXEMPTIONS	H. TRUST FUND REDUCTION	
C. CONGRESSIONAL ASSIGNMENT	F. SQUARE FOOT ASSIGNMENT	I. VACATED SPACE	

8. EXPLAIN REASON FOR REQUEST *(Include effective dates)*

9A. CUSTOMER AGENCY CONTACT <i>(Typed name)</i>	9B. TELEPHONE NUMBER	9C. FAX NUMBER	9D. DATE
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**SECTION II - TO BE COMPLETED BY REGIONAL OFFICE AND RETURNED TO GSA FINANCE, FORT WORTH, TX;
THE REQUESTING AGENCY; OR GSA CENTRAL OFFICE**

10. THE ABOVE REQUEST FOR ACTIONS HAS BEEN REVIEWED AND THE FOLLOWING ACTION TAKEN *(Include effective date of adjustments)*

11. THE ABOVE REQUEST FOR ACTION HAS BEEN REVIEWED AND NO ACTION WILL BE TAKEN FOR THE FOLLOWING REASONS:

12. OTHER ACTION TAKEN:

13A. CERTIFYING OFFICIAL <i>(Typed name and signature)</i>	13B. DATE
13C. TITLE	13D. TELEPHONE NUMBER

SECTION III - TO BE COMPLETED BY REGIONAL OFFICE OR CENTRAL OFFICE

LANGUAGE TO BE STATED ON REBILLING (if any) QTR./FY _____	AMOUNT TO BE REBILLED \$
<input type="checkbox"/> ALLOW <input type="checkbox"/> REBILL CODE: 1 2 7 8	
APPROVED BY GSA <i>(Typed name and signature)</i>	DATE
	TELEPHONE NUMBER

GENERAL INSTRUCTIONS - SECTION I

Section I of this form is to be completed by GSA customer agency whenever it requests an adjustment or OPAC chargeback, for an agency's Federal Buildings Fund rent bill. A form should be completed for each assignment in question. The customer agency should then forward the form to the appropriate GSA regional office when requesting only adjustments. If you are submitting a SF 238, SIBAC Adjustment Voucher for Charge-Backs, mail the entire to:

General Services Administration
Office of Finance - Accounts Receivable Branch
819 Taylor Street - 7BCAP
Fort Worth, TX 76102

SPECIFIC INSTRUCTIONS - SECTION I TO BE COMPLETED BY CUSTOMER AGENCY

1. Enter the name of the occupying bureau within the agency.
- 2A. Enter the 4-digit code unique to your agency.
- 2B. For On-line Payment and Collection (OPAC) agencies, enter the Department of Treasury number identifying the account of the agency from which the GSA rent charges are drawn. Also referred to as 8-digit station symbol, or Agency Location Code (ALC).
3. Enter the month of the billing.
- 4A. Enter the unique number identifying properties and facilities for whom the occupying agency is being billed.
- 4B. & C. Self-explanatory.
5. Self-explanatory.
6. Check the appropriate box. If YES, the requesting agency will process an OPAC to take an immediate credit. If NO, the requesting agency is submitting this form to the regional office for an adjustment on the current bill or subsequent rent bill.
- 6B. Enter the dollar amount that you are charging back to GSA.
7. & 8. Self-explanatory.
- 9A - D. Self-explanatory. All blocks **must** be filled in.

GENERAL INSTRUCTIONS - SECTION II

This section will be completed after research and verification by the GSA regional office, as to the type of adjustment that will be made. If you have questions, on the adjustment, please contact the certifying official listed in Block 13A. A copy of this form is forwarded to the Requesting Agency.

SPECIFIC INSTRUCTIONS - SECTION II TO BE COMPLETED BY REGIONAL OFFICE AND RETURNED TO THE REQUESTING AGENCY AND GSA, PBS, CENTRAL OFFICE

10. If any adjustment has been made, check the first box and explain the nature of the adjustment. also include the effective date of adjustment.
11. If any adjustment request has been denied, check the second box and explain the reasons for the denial.
12. If some other action has been taken, check the third box and explain the nature of the action taken.
- 13A. - D. Self-explanatory. All blocks **must** be filled in.

GENERAL INSTRUCTIONS - SECTION III TO BE COMPLETED BY REGIONAL OFFICE OR CENTRAL OFFICE ONLY

Rebilling Language to be Stated on Monthly Billing (If any) - These billing codes will alert the agency as to whether the rebilling of the chargeback is for a prior year, current year, or some other type of billing adjustment. The dollar amount of the rebilling, the month the rebilling was accomplished, as well as the approver of the rebill action with his/her telephone number will appear on the form,