



THRIFT SAVINGS PLAN

CERTIFICATION OF TRANSFER OF FUNDS AND JOURNAL VOUCHER FOR LOAN PAYMENTS

TSP-2-L

I. IDENTIFICATION

To: TSP Agency Technical Services Fairfax Post Office ATS – P.O. Box 4570 Fairfax, VA 22038-9998 Telephone: (888) 802-0179 Fax Number: (703) 788-2936		1. From:	
2. Payroll Office Number		3. Journal Voucher Report Number <u> L </u>	4. Current Pay Date (mm/dd/yyyy)
6. Reel Number		7. Reel Date (mm/dd/yyyy)	8. Back-up Number (if applicable)
		5. Type of Media <input type="checkbox"/> Electronic Submission <input type="checkbox"/> Tape <input type="checkbox"/> Disk <input type="checkbox"/> Form TSP-5-L	
		9. Back-up Date (mm/dd/yyyy)	

II. RECORDS SUBMITTED

10. Number of Loan Payment Records _____ 11. Total Loan Payment Amount \$ _____

III. CERTIFICATION

I certify that (1) prudent measures have been taken to ensure that the TSP transactions associated with this voucher are correct according to applicable law and TSP procedures; and (2) the amount in Block 11 is available to be credited to the TSP receipt account.

In addition, I understand that (1) if this payroll submission reports late loan payments, the TSP System will calculate the associated breakage and charge this agency's Treasury account with the amount calculated; and (2) if this payroll submission is processed more than 30 days after the "Current Pay Date," the TSP System will calculate breakage on current loan payments as of the "Current Pay Date" and charge this agency's Treasury account with the amount calculated. Such additional charges will be reversed only if it is established that the late processing was caused by TSP record keeper error.

<p>12. _____ Typed or Printed Name of Authorized Administrative or Certifying Officer</p> <p>13. _____ Signature of Authorized Administrative or Certifying Officer</p>	<p>14. () – Telephone (Area Code and Number)</p> <p>15. () – Telefax (Area Code and Number)</p> <p>16. _____ Date Certified</p>
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INSTRUCTIONS

Type the requested information.

- Item 1** identifies the address of the payroll office responsible for submitting the loan payment records.
- Item 2** identifies the number of the payroll office responsible for submitting the loan payment records.
- Item 3** is the 6-position report number. The first position is "L". The next two positions represent the calendar year of the reporting pay period. The last three positions represent a sequential number beginning with 001.
- Item 4** is the date the payroll is paid.
- Item 5** should indicate whether the data are submitted electronically, on magnetic tape, on diskette, or on Form(s) TSP-5-L.
- Item 6 through Item 9** should be completed if the detail data are submitted on magnetic tape.
- Item 10** should equal the number of loan payment records submitted with this journal voucher.
- Item 11** should equal the total dollar amount of all loan payment records submitted with this journal voucher.
- Item 12 through Item 16** must be completed. This form must be certified by the agency in order to be processed. Forms that are not signed will be returned unprocessed.

