



THRIFT SAVINGS PLAN

CERTIFICATION OF TRANSFER OF FUNDS AND JOURNAL VOUCHER FOR CONTRIBUTIONS REQUIRING G FUND BREAKAGE

TSP-U-2-G

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 G	4. Current Pay Date (mm/dd/yyyy)	5. Type of Media <input type="checkbox"/> Electronic Submission <input type="checkbox"/> Tape <input type="checkbox"/> Disk
6. Reel Number	7. Reel Date (mm/dd/yyyy)	8. Back-up Number (If applicable)	9. Back-up Date (mm/dd/yyyy)

II. RECORDS SUBMITTED

10. Number of Employee Data Records		
11. Number of Current Payment Records – Tax-deferred		
12. Number of Current Payment Records – Tax-exempt		
13. Number of Late Payment Records – Tax-deferred		
14. Number of Late Payment Records – Tax-exempt		
15. Number of Negative Adjustment Records – Tax-deferred		
16. Number of Negative Adjustment Records – Tax-exempt		
17. Total Number of Records		

III. RECORDS BY CONTRIBUTION SOURCE

	Total Current and Late Payment Records	Total Negative Adjustment Records
Employee Contributions – Tax-deferred	18. \$	23. \$
Employee Contributions – Tax-exempt	19. \$	24. \$
Reserved	20. \$ 0.00	25. \$ 0.00
Agency Matching Contributions	21. \$	26. \$
Totals	22. \$	27. \$
Control Total		28. \$

IV. 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; (2) the amount in Block 22 is available to be credited to the TSP receipt account and, if transactions submitted exceed this amount, the excess is also available to be credited to the TSP receipt account; and (3) the amount in Block 27 may be credited to this agency's account if found to be correct. I understand that (1) the amount of the credit may be reduced by any investment losses computed by the TSP in connection with the money to be returned to the agency and by any amounts that, under applicable law or TSP procedures, may not be returned to this agency; (2) if this payroll submission reports makeup or late contributions, the TSP System will calculate the associated breakage and charge this agency's Treasury account the attributable expense; and (3) if this payroll submission is processed more than 30 days after the "Current Pay Date," the TSP System will calculate breakage on employee makeup contributions as of the "Current Pay Date" and charge this agency's Treasury account with the attributable expense. Such additional charges will be reversed only if it is established that the late processing was caused by TSP record keeper error.

29. _____
 Typed or Printed Name of Authorized Administrative or Certifying Officer

30. _____
 Signature of Authorized Administrative or Certifying Officer

31. (_____) _____ – _____
 Commercial Telephone (Area Code and Number)

32. (_____) _____ – _____
 Commercial Telefax (Area Code and Number)

33. _____
 Date Certified

INSTRUCTIONS

TSP-U-2-G

Use this form **only** to submit late payment records (regular or catch-up) that report makeup contributions resulting from a back pay award or other retroactive pay adjustment for which breakage must be calculated using **the Government Securities Investment (G) Fund share prices**.

I. IDENTIFICATION

Block 1, From. Enter address of sender. Include payroll office name, address, and Zip Code.

Block 2, Payroll Office Number. Enter assigned 8-position payroll office number in XX-XX-XXXX format.

Block 3, Journal Voucher Report Number. Enter 6-position report number. The first position is "G". The next two positions represent the calendar year of the reporting pay period. The last three positions represent a sequential number beginning with 001. This number will serve as a control over receipt of the reports. For example, G03001 would be the first JV report number submitted in the year 2003.

Block 4, Current Pay Date. Enter date payroll paid in mm/dd/yyyy format.

Block 5, Type of Media. Indicate whether you are making an electronic submission or submitting a magnetic tape or a diskette.

Block 6, Reel Number. Enter reel number of magnetic tape sent, if applicable.

Block 7, Reel Date. Enter date reel was created. Use mm/dd/yyyy format.

Block 8, Back-up Reel Number (if applicable). Complete this section if duplicate (back-up) magnetic tape is submitted with this form.

Block 9, Back-up Reel Date. If Block 8 is completed, enter date back-up reel was created. Use mm/dd/yyyy format.

II. RECORDS SUBMITTED

Block 10, Number of Employee Data Records. Enter total number of 06-Records submitted.

Block 11, Number of Current Payment Records – Tax-deferred. Enter total number of 17-Records submitted.

Block 12, Number of Current Payment Records – Tax-exempt. Enter total number of 18-Records submitted.

Block 13, Number of Late Payment Records – Tax-deferred. Enter total number of 47-Records submitted.

Block 14, Number of Late Payment Records – Tax-exempt. Enter total number of 48-Records submitted.

Block 15, Number of Negative Adjustment Records – Tax-deferred. Enter total number of 27-Records submitted.

Block 16, Number of Negative Adjustment Records – Tax-exempt. Enter total number of 28-Records submitted.

Block 17, Total Number of Records. Enter the total number of records submitted. This is equal to the sum of Blocks 10, 11, 12, 13, 14, 15, and 16.

III. RECORDS BY CONTRIBUTION SOURCE

Block 18, Employee Contributions – Tax-deferred. Enter **total** employee contributions from 17-, 47-, and 87-Records.

Block 19, Employee Contributions – Tax-exempt. Enter **total** employee contributions from 18- and 48-Records.

Block 20, Reserved. Not currently applicable to uniformed services.

Block 21, Agency Matching Contributions. Enter **total** agency matching contributions from 17-, 18-, 47-, and 48-Records.

Block 22, Total Current and Late Payment Records Amount. This is equal to the sum of Blocks 18, 19, 20, and 21.

Block 23, Employee Contributions – Tax-deferred. Enter **total** adjustments to employee contributions from 27- and 30-Records.

Block 24, Employee Contributions – Tax-exempt. Enter **total** adjustments to employee contributions from 28-Records.

Block 25, Reserved. Not currently applicable to uniformed services.

Block 26, Agency Matching Contributions. Enter **total** adjustments to matching contributions from 27- and 28-Records.

Block 27, Total Negative Adjustment Record Amounts. Enter total adjustments to employee and agency contributions. This is equal to the sum of Blocks 23, 24, 25, and 26.

Block 28, Control Total. Subtract Block 27 from Block 22 and enter amount here. (This figure is used only for verification of data entry.)

IV. CERTIFICATION

Block 29, Typed Name of Authorized Administrative or Certifying Officer. Type or print name of official who is responsible for the accuracy of this voucher and the data it transmits.

Block 30, Signature of Authorized Administrative or Certifying Officer. Signature of person named in Block 29.

Block 31, Telephone Number. Enter commercial telephone number of certifying officer, including area code.

Block 32, Telefax Number. Enter commercial telefax number of certifying officer, including area code.

Block 33, Date Certified. Enter date the document is signed.