

SDPR Header Records

Payment Formats

RECORD NAME : SDPR Transmission Header Record

Modified 3/20/98

DATA ELEMENT DESCRIPTION

<u>ITEM</u>	<u>FORMAT</u>	<u>COLUMN</u>	<u>DESCRIPTION</u>
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. <u>(BLANK FILL FOR 3rd PARTY FORMAT.)</u>
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. <u>(BLANK FILL FOR 3rd PARTY FORMAT.)</u>
5. FPA ID	X(4)	35-38	Unique acronym for each FPA <u>(BLANK FILL FOR 3rd PARTY FORMAT.)</u>
6. FPA PC #	9(2)	39-40	Unique number assigned to each PC in FPA <u>(BLANK FILL FOR 3rd PARTY FORMAT.)</u>
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 <u>(BLANK FILL FILE EXTENSION ONLY FOR 3rd PARTY FORMAT.)</u>
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.

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RECORD NAME : SDPR Agency Location Code (ALC) Control Record

Modified 7/20/98

DATA ELEMENT DESCRIPTION

<u>ITEM</u>	<u>FORMAT</u>	<u>COLUMN</u>	<u>DESCRIPTION</u>
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. AS Aid	X(8)	416-423	Agency Security Administrator ID. <u>(BLANK FILL FOR 3rd PARTY FORMAT.)</u>
10. AC Oid	X(8)	424-431	Agency Certifying Officer ID. <u>(BLANK FILL FOR 3rd PARTY FORMAT.)</u>
11. MAC	X(9)	432-440	Message Authentication Code for record. Format: XXXX XXXX. <u>(BLANK FILL FOR 3rd PARTY FORMAT.)</u>

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RECORD NAME : SDPR Agency Billing Address Control Record

Modified 3/20/98

DATA ELEMENT DESCRIPTION

<u>ITEM</u>	<u>FORMAT</u>	<u>COLUMN</u>	<u>DESCRIPTION</u>
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: AAATTTTTT
12. Filler	X(250)	166-415	Blank Fill.
13. ASRID	X(8)	416-423	Agency Security Administrator ID <u>(BLANK FILL FOR 3rd PARTY FORMAT.)</u>
14. ACOID	X(8)	424-431	Agency Certifying Officer ID. <u>(BLANK FILL FOR 3rd PARTY FORMAT.)</u>
15. MAC	X(9)	432-440	Message Authentication Code for record. Format: XXXX XXXX. <u>(BLANK FILL FOR 3rd PARTY FORMAT.)</u>

SDPR Payment Records

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RECORD NAME : SDPR 04 Header Payment Record

Modified 3/20/98

DATA ELEMENT DESCRIPTION

<u>ITEM</u>	<u>FORMAT</u>	<u>COLUMN</u>	<u>DESCRIPTION</u>
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. <u>(BLANK FILL FOR 3rd PARTY FORMAT.)</u>
7. CO Phone	9(10)	64-73	Certifying Officers Phone Number of Form: AAAXXXNNNN. <u>(BLANK FILL FOR 3rd PARTY FORMAT.)</u>
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. ASRID	X(8)	416-423	Agency Security Administrator ID. <u>(BLANK FILL FOR 3rd PARTY FORMAT.)</u>
17. ACOID	X(8)	424-431	Agency Certifying Officer ID. <u>(BLANK FILL FOR 3rd PARTY FORMAT.)</u>
18. MAC	X(9)	432-440	Message Authentication Code for record. Format: XXXX XXXX. <u>(BLANK FILL FOR 3rd PARTY FORMAT.)</u>

Payment Formats

RECORD NAME : SDPR 05 Payment Record

Modified 3/23/98

DATA ELEMENT DESCRIPTION

<u>ITEM</u>	<u>FORMAT</u>	<u>COLUMN</u>	<u>DESCRIPTION</u>
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

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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. AS Aid	X(8)	416-423	Agency Security Administrator ID. <u>(BLANK FILL FOR 3rd PARTY FORMAT.)</u>
24. ACOID	X(8)	424-431	Agency Certifying Officer ID. <u>(BLANK FILL FOR 3rd PARTY FORMAT.)</u>
25. MAC	X(9)	432-440	Message Authentication Code for record. Format: XXXX XXXX. <u>(BLANK FILL FOR 3rd PARTY FORMAT.)</u>

SDPR Trailer Records

Payment Formats

RECORD NAME : SDPR Schedule Control Record

Modified 3/20/98

DATA ELEMENT DESCRIPTION

<u>ITEM</u>	<u>FORMAT</u>	<u>COLUMN</u>	<u>DESCRIPTION</u>
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. ASRID	X(8)	416-423	Agency Security Administrator ID. <u>(BLANK FILL FOR 3rd PARTY FORMAT.)</u>
10. ACOID	X(8)	424-431	Agency Certifying Officer ID. <u>(BLANK FILL FOR 3rd PARTY FORMAT.)</u>
11. MAC	X(9)	432-440	Message Authentication Code for record. Format: XXXX XXXX. <u>(BLANK FILL FOR 3rd PARTY FORMAT.)</u>

Payment Formats

RECORD NAME : SDPR Schedule Trailer Record

Modified 2/9/1998

DATA ELEMENT DESCRIPTION

<u>ITEM</u>	<u>FORMAT</u>	<u>COLUMN</u>	<u>DESCRIPTION</u>
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. ASRID	X(8)	416-423	Agency Security Administrator ID. <u>(BLANK FILL FOR 3rd PARTY FORMAT.)</u>
6. ACOID	X(8)	424-431	Agency Certifying Officer ID. <u>(BLANK FILL FOR 3rd PARTY FORMAT.)</u>
7. MAC	X(9)	432-440	Message Authentication Code for entire schedule (file) excluding Transmission Header Record and Schedule Trailer Record. Format: XXXX XXXX. <u>(BLANK FILL FOR 3rd PARTY FORMAT.)</u>