

Summary Totals Header Records

Payment Formats

RECORD NAME : Summary Totals 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: 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.

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RECORD NAME : Summary Totals 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 : Summary Totals 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>

Summary Totals Payment Records

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RECORD NAME : Summary Totals 04 Record

Modified - 6/8/98

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 = 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.

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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.	ASAIID	X(8)	416-423	Agency Security Administrator ID. <u>(BLANK FILL FOR 3rd PARTY FORMAT.)</u>
37.	ACOID	X(8)	424-431	Agency Certifying Officer ID. <u>(BLANK FILL FOR 3rd PARTY FORMAT.)</u>
38.	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 : Summary Totals 05 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. 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. ASRID	X(8)	416-423	Agency Security Administrator ID. <u>(BLANK FILL FOR 3rd PARTY FORMAT.)</u>
15. ACOID	X(8)	424-431	Agency Certifying Officer ID. <u>(BLANK FILL FOR 3rd PARTY FORMAT.)</u>
16. 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 : Summary Totals 06 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. 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. <u>(BLANK FILL FOR 3rd PARTY FORMAT.)</u>
9. Filler	X(89)	327-415	Blank Fill.
10. ASRID	X(8)	416-423	Agency Security Administrator ID. <u>(BLANK FILL FOR 3rd PARTY FORMAT.)</u>
11. ACOID	X(8)	424-431	Agency Certifying Officer ID. <u>(BLANK FILL FOR 3rd PARTY FORMAT.)</u>
12. MAC	X(9)	432-440	Message Authentication Code for record. Format: XXXX XXXX. <u>(BLANK FILL FOR 3rd PARTY FORMAT.)</u>

Summary Totals Trailer Records

Payment Formats

RECORD NAME : Summary Totals 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	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. AS Aid	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 : Summary Totals 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>