

# **APPENDIX C**

# FIG 1, REBUTTAL VOUCHER

PUBLIC VOUCHER FOR TRANSPORTATION CHARGES		SEE FPMR (41 CFR) 101-41 FOR INSTRUCTIONS ON COMPLETING THIS FORM	D O VOU NO												
DEPARTMENT OR AGENCY, BUREAU OR SERVICE, AND LOCATION SHOWN ON SUBVOUCHERS		BUR VOU NO													
<b>U.S. DEFENSE FINANCE AND ACCOUNTING SERVICE-INDPLS CTR</b> <b>DIRECTORATE FOR TRANSPORTATION PAYMENTS</b> <b>INDIANAPOLIS, IN 46249</b>		SCHEG NO													
		<b>PAID BY</b>													
THE UNITED STATES, DR., TO: (PAYEE'S NAME AND ADDRESS)	CARRIER'S BILL NUMBER <b>09876543</b>	<i>ORIGINAL CARRIER BILL #</i>													
PAYEE CODE <span style="margin-left: 100px;">→</span> <span style="border: 1px solid black; border-radius: 50%; padding: 2px 5px;">1234</span>	CARRIER'S SCAC NUMBER <b>FSAT</b>														
FAST & SPEEDY TRUCKING, INC. 2112 CORPORATE RIDGE ROAD ANDERSON, IN 44556	SERVICES FURNISHED (CHECK ONE) FREIGHT <input checked="" type="checkbox"/> PASSENGER <input type="checkbox"/>														
<b>DO NOT BILL GBL AND GTR CHARGES ON THE SAME FORM</b>		FOR PAYMENT OF SERVICES RENDERED AS EVIDENCED BY THE ATTACHED SUBVOUCHERS													
ALPHA PREFIX AND SERIAL NO. OF SUBVOUCHER	AMOUNT	<b>PAYEE'S CERTIFICATE</b>													
<b>G 1234567</b>  <b>DDN</b>          <div style="text-align: center; font-size: 1.2em; font-weight: bold;">REBUTTAL VOUCHER</div>	<span style="border: 1px solid black; border-radius: 50%; padding: 5px; display: inline-block;">25 00</span>	<p style="font-size: small;"><i>AMOUNT DISALLOWED ON ORIGINAL BILL &amp; APPEARS ON SOA</i></p> <p style="text-align: right;">DATE <u>10/2/96</u></p> <p>PAYEE <u>FAST &amp; SPEEDY TRUCKING, INC</u></p> <p>PER <span style="border: 1px solid black; border-radius: 50%; padding: 5px; display: inline-block; margin-left: 20px;">Susan Amegus</span> <i>(Signature)</i></p> <p style="text-align: center;">Supervisory Accountant</p> <p style="text-align: center;"><i>(Capacity)</i></p> <p style="text-align: right;"><i>ORIGINAL SIGNATURE</i></p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 70%; font-size: small;">DIFFERENCES</th> <th style="width: 30%; font-size: small;">AMOUNT</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr> <td style="font-size: small;">AMOUNT VERIFIED - CORRECT FOR</td> <td> </td> </tr> <tr> <td style="font-size: small;">VERIFIED BY</td> <td> </td> </tr> </tbody> </table>		DIFFERENCES	AMOUNT							AMOUNT VERIFIED - CORRECT FOR		VERIFIED BY	
DIFFERENCES	AMOUNT														
AMOUNT VERIFIED - CORRECT FOR															
VERIFIED BY															
TOTAL CLAIMED	25 00														

FIG 2, MANUAL VOUCHER, ORIGINAL

PUBLIC VOUCHER FOR TRANSPORTATION CHARGES		SEE FPMR (41 CFR) 101-41 FOR INSTRUCTIONS ON COMPLETING THIS FORM	D O VOU NO
DEPARTMENT OR AGENCY, BUREAU OR SERVICE, AND LOCATION SHOWN ON SUBVOUCHERS		BUR VOU NO	
U.S. DEFENSE FINANCE AND ACCOUNTING SERVICE-INDPLS CTR DIRECTORATE FOR TRANSPORTATION PAYMENTS INDIANAPOLIS, IN 46249		SCHEID NO	
THE UNITED STATES, DR., TO: (PAYEE'S NAME AND ADDRESS)		CARRIER'S BILL NUMBER	PAID BY
PAYEE CODE _____ → (1234)		09876543	
FAST & SPEEDY TRUCKING, INC. 2112 CORPORATE RIDGE ROAD ANDERSON, IN 44556		CARRIER'S SCAC NUMBER FSAT	
		SERVICES FURNISHED (CHECK ONE)	
		FREIGHT <input checked="" type="checkbox"/> PASSENGER <input type="checkbox"/>	
<b>DO NOT BILL GBL AND GTR CHARGES ON THE SAME FORM</b>		FOR PAYMENT OF SERVICES RENDERED AS EVIDENCED BY THE ATTACHED SUBVOUCHERS	
ALPHA PREFIX AND SERIAL NO. OF SUBVOUCHER	AMOUNT	PAYEE'S CERTIFICATE	
G 1234567		DATE <u>10/2/96</u>	
LHS	100 00	PAYEE <u>FAST &amp; SPEEDY TRUCKING, INC</u>	
DDN	50 00	PER <u>Susan Ameevus</u>	
405	10 00	(Signature)	
SUBTOTAL	160 00	Supervisory Accountant	
G 3334455		(Capacity)	
LHS	50 00	ORIGINAL SIGNATURE	
TPS (DESCRIPTION)	5 00		
SUBTOTAL	55 00		
		DIFFERENCES	AMOUNT
		AMOUNT VERIFIED - CORRECT FOR	
		VERIFIED BY	
TOTAL CLAIMED		215 00	

**FIG 3, EFT ENROLLMENT FORM**

<b>EFT ENROLLMENT FORM</b>		
<p>This form is used to enroll for EFT (ACH) payments with an addenda record(s) containing payment related information.</p> <p align="center"><b>PRIVACY ACT STATEMENT</b></p> <p>The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provisions of 31 U.S.C. 3322 AND 31 cfr 210. This information will be used by the Defense Finance &amp; Accounting Service to transmit payment data, by electronic means, to your financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House (ACH) Payment System</p>		
<b>FEDERAL AGENCY INFORMATION</b>		
FEDERAL PROGRAM AGENCY		DEFENSE FINANCE AND ACCOUNTING SERVICE, INDIANAPOLIS
VENDOR PAY CONTACT NAME  PHONE NUMBER (    )       -  FAX NUMBER (    )       -		ADDRESS (STREET, CITY, STATE, ZIP)
<b>PAYEE/COMPANY INFORMATION</b>		
PAYEE/COMPANY NAME AS LISTED ON CONTRACT	CCR NUMBER/DUNS + 4 NUMBER	SSN OR TAXPAYER ID NUMBER
		PAYEE CODE
LIST ALL OPEN CONTRACT NUMBERS OR CONTRACTS TO WHICH THIS AUTHORIZATION APPLIES  _____ _____ _____		
LIST ANY ADDITIONAL CONTRACTS ON ANOTHER SHEET		
PAYEE COMPANY CONTACT NAME  PHONE NUMBER (    )       -  FAX NUMBER (    )       -		ADDRESS (STREET, CITY, STATE, ZIP)
PAYEE/COMPANY AGREES TO RECEIVE PAYMENT INFORMATION FROM ITS FINANCIAL INSTITUTION      YES      NO		
IF YOU CIRCLE YES, DFAS WILL NOT MAIL YOU A PAPER VOUCHER.		
SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL		
<b>FINANCIAL INSTITUTION INFORMATION</b>		
FINANCIAL INSTITUTION NAME		
ACH COORDINATOR NAME  PHONE NUMBER (    )       -  FAX NUMBER (    )       -		ADDRESS (STREET, CITY, STATE, ZIP)
NINE DIGIT ROUTING TRANSIT NUMBER		
_____		
DEPOSITOR (VENDOR) ACCOUNT TITLE		DEPOSITOR (VENDOR) ACCOUNT NUMBER
TYPE OF ACCOUNT CIRCLE ONE:    CHECKING    SAVINGS		ACH FORMAT: (CIRCLE ONE) CCD+    PARTIAL CTX VENDOR: DO YOU WANT CTX/820 WHEN AVAILABLE?    YES    NO
FINANCIAL INSTITUTION AGREES TO PROVIDE VENDOR WITH A COPY OF THE PAYMENT ADDENDA INFORMATION.      YES      NO		
IF YES, PROVIDE TYPE OF MEDIA AND TIMEFRAME:		
SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL (Could be the same as ACH Coordinator)		TELEPHONE NUMBER (    )       -

FIG 4, REBUTTAL FORM

REBUTTAL

GBL NUMBER \_\_\_\_\_

CARRIER BILL # \_\_\_\_\_ DATE PREPARED \_\_\_\_\_

REASON FOR REBUTTAL:

INCORRECT RATE APPLIED CORRECT TENDER NUMBER \_\_\_\_\_

EFFECTIVE DATE \_\_\_\_\_

OTHER

REMARKS: \_\_\_\_\_

DO NOT FILL OUT BELOW. FOR GOV'T USE ONLY

DATE RECEIVED DTP \_\_\_\_\_

DATE FWDED TO AUDITOR \_\_\_\_\_ RTN BY \_\_\_\_\_

APPROVED  YES  NO \_\_\_\_\_

Disapproved Rebuttals  
may be forwarded to  
General Services Administration  
Washington, DC

Printed Name & Title

Signature/Date

## **INSTRUCTIONS FOR COMPLETING THE REBUTTAL FORM**

### **CARRIER:**

- 1) Fill out top portion only.
- 2) Fill out one form for each GBL in dispute.
- 3) Attach a separate SF1113 for each GBL and show only the service that was disallowed or underpaid. This service appears on the Statement of Adjustment. On the face of the SF 1113, conspicuously annotate the words “REBUTTAL”.
- 4) If the original bill was submitted via paper SF1113, attach a copy of the original SF 1113 and a copy of the GBL including all continuation sheets.
- 5) If the original bill was submitted electronically, attach the original GBL and all continuation sheets to the “Rebuttal Voucher”
- 6) Attach a copy of the Statement of Adjustment and a copy of the Remittance Advice.
- 7) Attach a GBL correction notice if applicable. (Note: Errors in payment that are due to an improperly completed GBL cannot be corrected until the transportation office responsible for issuing the original GBL issues a GBL correction notice. Carriers should resolve these issues directly with the responsible transportation office prior to submitting a rebuttal voucher to DFAS.)
- 8) Attach any other supporting documentation.

Mail to:  
DFAS Indianapolis Center,  
ATTN: DFAS-IN-FTH (Rebuttal),  
8899 E. 56th Street,  
Indianapolis, IN 46249-0601