# *SECURE PAYMENT SYSTEM*

## TECHNICAL NOTE 16

## FORMATS AND EDIT CRITERIA

## FOR FPA THIRD PARTY 440 FILE

## FROM CLIENT TO FMS SERVER

**December 17, 2002**
**Version 3**

## Change Page

The change page describes all changes made to the original document (Version 1) dated August 14, 2002.

| Date | New Version | Pages Changed | Reason For Change |
|---|---|---|---|
| 08/27/2002 | 2 | Page 5 | Added the DOS Filename field to the **Description of Other Changes** section that begins on Page 4. CR # 102 |
| 12/17/2002 | 3 | Page A-18 | Changed the "E" to an "F" in the Edit Criteria column for Item 13 "Payment Sub-Type". CR # 160 |
| 12/17/2002 | 3 | Page A-40 | Changed 379 to 378 in the Position column for Item 10 "Total Dollar Amt of Checks". CR # 160 |
| 12/17/2002 | 3 | Page A-50 | Added a "space" character to the valid characters in the Edit Criteria column for Item 15 "RFB". CR # 160 |

## Background, General Information, and Description of Changes

## Payment Type/ Sub-Type/Addendum Code Table

## Check Payment Schedule File


Check Header Records
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- Check 02 Agency Location Code (ALC) Control Record . . . . . 3
- Check 03 Agency Billing Address Control Record . . . . . 4

Check Payment Records
- Check 04 Payment Record . . . . . 6
- Check 05 Check Stub Enclosure Record . . . . . 9
- Check 06 Check Stub Enclosure Record . . . . . 10

Check Trailer Records
- Check 09 Schedule Control Record . . . . . 12
- Check 99 Schedule Trailer Record . . . . . 16


## ACH Payment Schedule File


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ACH Payment Records
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## Summary Totals Schedule File


Summary Totals Header Records
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Summary Totals Payment Records
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- Summary Totals 05 Record . . . . . 37
- Summary Totals 06 Record . . . . . 38

Summary Totals Trailer Records
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## Same Day Payment Request (SDPR) Payment Schedule File


SDPR Header Records
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- SDPR 02 Agency Location Code (ALC) Control Record . . . . . 45
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SDPR Payment Records
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SDPR Trailer Records
- SDPR 09 Schedule Control Record . . . . . 53
- SDPR 99 Schedule Trailer Record . . . . . 54

## Background

Payment data can be input into the SPS server application via three methods. They are:

1. Accessing SPS application via Internet browser or dial-up and typing data on the FPA Client Workstation via appropriate SPS menus and screens.

2. Uploading schedules into the FPA Client Workstation created on an FMS supplied SPS PC Satellite System for subsequent Internet or dial-up delivery to the SPS Host Server Application.

3. Uploading schedules created on an FPA "third party" payment system, onto the FPA Client Workstation, for subsequent Internet or dial-up delivery to the SPS host server application.

**This technical note provides information and payment formats for method 3.**

**Starting on Page A-1, records and fields which have been added or changed are highlighted with an asterisk (*).**

## General Information

1. Individual records must be in 440 byte **contiguous** segments.

   **Note: there <u>cannot</u> be any null or carriage return/line feed characters anywhere in a schedule.**

2. ALL DATA MUST BE IN UPPERCASE.

3. **Unless otherwise specified**, alpha/numeric fields are to be left justified with trailing blanks. Numeric fields are right justified with leading zeros.

4. Each schedule must be a separate file.

5. ACH, Check, and Same Day Payment schedules are limited to 60 payments per schedule.

6. Special characters, unless specifically referenced in this document, **are invalid**.

7. The **maximum** payment amount for **regular** check payments (Type = C) is $9,999,999.99 even though the field is formatted as 9(10).

8. The **minimum** payment amount for **manual** check payments (Type = N, Sub-type = V, M, or X) is $10,000,000.00.

9. The **maximum** payment amount for salary and travel ACH payments is $999,999.99 even though the field is formatted as 9(10).

## Description of Required Changes

**The following items describe changes that are required for all current ECS "third party" users in order to successfully process payment schedules on the SPS.**

**1. All Schedule Types**

The new format and edit criteria for **Schedule Number** is:

**Positions 1 thru 4 must be blank.**
**Valid characters for positions 5-14 are "0-9", "A-Z", or dash (-).**
**Leading blanks are valid.**
**Embedded and trailing blanks are invalid.**
**Note: the schedule number remains right justified.**

**2. Same Day Payment Request (SDPR) Schedule**

The **Payment Amount** field (item 18 in the SDPR 05 Payment Record) is **increased** in length from 11 positions to 12 positions. Therefore, the **maximum** amount per payment is increased from $999,999,999.99 to $9,999,999,999.99.

The **Filler** field (item 19) located **after** the payment amount field is **reduced** in length from 9 positions to 8 positions.

The **Schedule Amount** field (item 6 in the SDPR 09 Schedule Control Record) is **increased** in length from 13 to 14 positions.

The **Filler** field (item 8) located two fields after the schedule amount field is **reduced** in length from 361 positions to 360 positions.

**3. Summary Schedule**

**Note: This change is required only for those users who send bulk files to FMS which contain a mixture of BOTH check and ACH payments IN THE SAME BULK FILE.**

**Summary Schedules that represent a mixed bulk file contain an "M" in the second position of the Summary Payment Codes field in the Summary Totals 04 Record.**

Four new data fields are added to the Summary Totals 09 Schedule Control Record. They are:

| | |
|---|---|
| **Total Number of Checks** | **Total Number of EFTs** |
| **Total Dollar Amt. of Checks** | **Total Dollar Amt. of EFTs** |

These data fields are used to provide the respective payment counts and dollar amounts for bulk files that contain a mixture of Check and ACH payments. The Summary Schedule format and edit criteria describe in detail the specifics of the change.

**4. Summary Schedule**

The edit criteria for the **Control Number (formerly Reel Number 1)** field (Item 8) in the Summary Totals 04 Record is changed. The new edit is:

Position 1 must be characters “A-Z”.
Position 2 thru 7 must be numerics “0-9".

**Note: the Reel Number 1 field name has been changed to Control Number.**

**5. ACH Schedule**

The Account Symbol (Item 17 in the ACH 04 Payment Record) is now a **required** item.

Since the Account Symbol in the 04 Payment Record is a **required** item, the Account Symbol 1 (item 8) and Appropriated Amount 1 (item 9) fields in the 09 Schedule Control Record are now **required**.

The remaining Account Symbol and Appropriated Amount items (2 thru 10) in the 09 Schedule Control Record are also **required** if more than one Account Symbol is used in the 04 Payment Records.

**In summary, the ACH Schedule formats are now the same as the Check Schedule formats with respect to the Account Symbol and Appropriated Amount items.**

## Description of Optional Enhanced Functionality Changes

The following items describe functional enhancements that are **optional** and available for use after appropriate changes are made to the users “third party” schedule generation system.

1. A new sub-type, **Miscellaneous PPD**, has been added to the Automated Clearance House (ACH) payment format. The new payment sub-type is **“F”** and has a **PPD** addendum format.

   **Note:** The **current** miscellaneous sub-type **“M”** remains the same with a **CCD** addendum format.

2. Four new payment sub-types have been added to the ACH format. The valid type, sub-type, and addendum formats are:

| Type | Sub-Type | Addendum Format | Name |
|---|---|---|---|
| A | P | PPD | Pre-Authorized Debit PPD |

| | | | |
|---|---|---|---|
| A | Q | CCD | Pre-Authorized Debit CCD |
| P | P | PPD | Prenote Pre-Authorized Debit PPD |
| P | Q | CCD | Prenote Pre-Authorized Debit CCD |

**Note: If your site plans to use these new ACH sub-types, contact your servicing RFC for coordination and further information.**

## Description of Other Changes

The following list describes other changes in the 440 specification which are **optional** and can be made if the user desires.

1. The following records are **no longer required** and can be eliminated from the 440 schedules:

   All "02 Agency Location Code (ALC) Control Records",
   All "03 Agency Billing Address Control Records",
   All "99 Schedule Trailer Records",

   The Check, ACH, and SDPR "09 Schedule Control Records",

   **Note: the Summary Schedule "09 Schedule Control Record" is STILL a required record.**

**********
**Note: the elimination of the above mentioned records will increase the throughput of all schedules as they are uploaded from the SPS Client workstation to the FMS SPS server application.**
**********

2. The "RFC Identifier" field (Item 8) in the Check, ACH, and SDPR "01 Transmission Header Record" **is no longer a required** field. It can be blank filled. **FMS will ignore any data in this field.**

   **Note: the "RFC Identifier" field (Item 8) in the Summary Schedule "01 Transmission Header Record" is still a required field and must accurately identify the destination RFC for the Summary Schedule.**

3. The "1099 Reporting Eligibility" field in the Check and ACH "04 Payment Record" **is no longer required.** It can be blank filled. **FMS will ignore any data in this field.**

4. A value of "**F**" is no longer valid in the second position of the Summary Codes field (Item 6) in the Summary Schedule "Summary Totals 04 Record". **FMS will reject a Summary Schedule with a value of "F" in this field.**

5. The **Reel Number 2 thru 5** fields (Items 9 thru 12) in the Summary Schedule "Summary Totals 04 Record" are **no longer used**. They can be blank filled. **FMS will ignore any**

**data in this field.**

6. The value of "**CFC**" in the **RFC Identifier** field (Item 8) in the Summary Schedule "01 Transmission Header Record" is **no longer valid**. **FMS will reject a Summary Schedule with a value of "CFC" in this field.**

7. The **BBK ABA Number** field (Item 11) in the SDPR "05 Payment Record" is **no longer used**. It can be zero filled. **FMS will ignore any data in this field.**

   Since the BBK ABA Number field is no longer used, the edit link in the **Beneficiary Bank (BBK)** field (Item 10) in the SDPR "05 Payment Record" is removed, therefore the Beneficiary Bank (BBK) field is now only **required** if the Product Code field equals "BTR/".

8. The following fields in the SDPR "05 Payment Record" are **no longer required**:

   Receiving ABA Name (Item 5)
   Receiving ABA City (Item 6)
   Receiving ABA State (Item 7)

   They can be space filled. **FMS will ignore any data in these fields.**

9. The **Grand Total** field (Item 8) and the **Number of Payments** field (Item 9) in the SDPR "04 Schedule Header Record" **are no longer required**. They can be zero filled. **FMS will ignore any data in these fields.**

10. The **DOS Filename** field (Item 10) in all "01 Transmission Header Records" is **no longer required.** They can be space filled. **FMS will ignore any data in these fields.**

## KeyBoard ASCii Character Set Table

The table below defines the valid characters allowed for data fields specifically referencing this table in the Edit Criteria column of each 440 record.

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Space | ! | " | # | $ | % | & | ' | ( | ) | * | + | , | - | . | / |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | : | ; | < | = | > | ? |
| @ | A | B | C | D | E | F | G | H | I | J | K | L | M | N | O |
| P | Q | R | S | T | U | V | W | X | Y | Z | [ | \ | ] | ^ | _ |
| ` | { | \| | } | ~ | | | | | | | | | | | |

## Payment Type/Sub-Type/Addendum Code Table

The table below defines the valid payment type and sub-type codes for all schedules as well as the valid addendum codes for ACH schedules.

| Payment | Position 1 (Type) | Position 2 (Sub-Type) | |
|---|---|---|---|
| ACH Vendor | A | V | CCD |
| ACH Salary | A | S | PPD |
| ACH Travel | A | T | PPD |
| ACH Miscellaneous CCD | A | M | CCD |
| ACH Miscellaneous PPD | A | F | PPD |
| ACH Tax | A | X | PPD |
| ACH OPM Benefit | A | O | PPD |
| ACH RRB Benefit | A | R | PPD |
| ACH SSA Benefit | A | B | PPD |
| ACH SSI Benefit | A | D | PPD |
| ACH VA Benefit | A | C | PPD |
| ACH PreAuthorized Debit PPD | A | P | PPD |
| ACH PreAuthorized Debit CCD | A | Q | CCD |
| ACH Prenote Vendor | P | V | CCD |
| ACH Prenote Salary | P | S | PPD |
| ACH Prenote Travel | P | T | PPD |
| ACH Prenote Misc CCD | P | M | CCD |
| ACH Prenote Misc PPD | P | F | PPD |
| ACH Prenote Tax | P | X | PPD |
| ACH Prenote OPM Benefit | P | O | PPD |
| ACH Prenote RRB Benefit | P | R | PPD |
| ACH Prenote SSA Benefit | P | B | PPD |
| ACH Prenote SSI Benefit | P | D | PPD |

| Payment | Position 1 (Type) | Position 2 (Sub-Type) | |
|---|---|---|---|
| ACH  Prenote VA Benefit | P | C | PPD |
| ACH Prenote PreAuthorized Debit PPD | P | P | PPD |
| ACH Prenote PreAuthorized Debit CCD | P | Q | CCD |
| Check Vendor | C | V | N/A |
| Check Miscellaneous | C | M | N/A |
| Check Tax | C | X | N/A |
| Check OPM Benefit | C | O | N/A |
| Check RRB Benefit | C | R | N/A |
| Check SSA Benefit | C | B | N/A |
| Check SSI Benefit | C | D | N/A |
| Check VA Benefit | C | C | N/A |
| SDPR | D | blank | N/A |
| Summary | M | blank | N/A |
| Summary Prenote | Y | blank | N/A |
| Manual Check Vendor | N | V | N/A |
| Manual Check Miscellaneous | N | M | N/A |
| Manual Check Tax | N | X | N/A |

# Check Header Records

RECORD NAME : Check 01 Transmission Header Record

DATA ELEMENT DESCRIPTION

| ITEM | FORMAT | POSITION | EDIT CRITERIA |
|---|---|---|---|
| 1. Record Type | 9(2) | 1-2 | Must equal 01. |
| 2. Transmission Number | X(6) | 3-8 | Blank Fill. |
| *3. Schedule Number | X(14) | 9-22 | **Positions 1-4 must be blank. Valid characters for positions 5-14 are “0-9", “A-Z”, or dash (-). Leading blanks are valid. Embedded and trailing blanks are invalid.** |
| 4. Date/Time | X(12) | 23-34 | Blank Fill. |
| 5. FPA ID | X(4) | 35-38 | Blank Fill. |
| 6. FPA PC # | X(2) | 39-40 | Blank Fill. |
| 7. Filler | X(2) | 41-42 | Blank Fill. |
| *8. RFC Identifier | X(3) | 43-45 | Blank Fill.<br>**Note: RFC Identifier is no longer required and FMS will ignore any data in this field.** |
| 9. ALC | 9(8) | 46-53 | Valid Agency Location Code |
| *10. DOS Filename | X(12) | 54-65 | Blank Fill.<br>**Note: DOS Filename is no longer required and FMS will ignore any data in this field.** |
| 11. Filler | X(351) | 66-416 | Blank Fill. |
| 12. Payment Type | X(1) | 417-417 | Valid codes are C or N depending on sub-type.<br>**Note: See note in Payment Sub-Type (Item 13).** |
| 13. Payment Sub-Type | X(1) | 418-418 | **Note: See “Payment Type/Sub-Type/Addendum Code” table for valid check payment type and sub-type combinations.** |
| 14. Filler | X(22) | 419-440 | Blank Fill. |

RECORD NAME : Check 02 Agency Location Code (ALC) Control Record

*** Note: this record is no longer required, however if used, items must meet edit criteria defined below.**

DATA ELEMENT DESCRIPTION

| ITEM | FORMAT | POSITION | EDIT CRITERIA |
|---|---|---|---|
| 1. Record Type | 9(2) | 1-2 | Must equal 02. |
| 2. Record Number | 9(6) | 3-8 | Must equal 000001. |
| *3. Schedule Number | X(14) | 9-22 | Must equal Schedule Number in 01 record. |
| 4. Filler | X(13) | 23-35 | Blank Fill. |
| 5. ALC | 9(8) | 36-43 | Must equal ALC in 01 record. |
| 6. Filler | X(11) | 44-54 | Blank Fill. |
| 7. Record Code | X(1) | 55-55 | Must equal **&** (ampersand). |
| 8. Filler | X(360) | 56-415 | Blank Fill. |
| 9. ASAID | X(8) | 416-423 | Blank Fill. |
| 10. ACOID | X(8) | 424-431 | Blank Fill. |
| 11. MAC | X(9) | 432-440 | Blank Fill. |

RECORD NAME : Check 03 Agency Billing Address Control Record

*** Note: this record is no longer required, however if used, items must meet edit criteria defined below.**

DATA ELEMENT DESCRIPTION

| ITEM | FORMAT | POSITION | EDIT CRITERIA |
|---|---|---|---|
| 1. Record Type | 9(2) | 1-2 | Must equal 03. |
| 2. Record Number | 9(6) | 3-8 | Must equal 000002. |
| *3. Schedule Number | X(14) | 9-22 | Must equal Schedule Number in 01 record. |
| 4. Zero Constant | 9(13) | 23-35 | Must equal zeros. |
| 5. Filler | X(19) | 36-54 | Blank Fill. |
| 6. Record Code | X(1) | 55-55 | Must equal **A**. |
| 7. Agency Name | X(25) | 56-80 | Name of Agency. |
| 8. Address Line 1 | X(25) | 81-105 | Agency billing address.<br>**Note: billing address encompasses Address Line 1, Address Line 2, and Address Line 3 items. If less than 3 lines, blank fill remaining items. Last significant line used should contain City, State, and Zip Code** |
| 9. Address Line 2 | X(25) | 106-130 | See note in Address Line 1 item. |
| 10. Address Line 3 | X(25) | 131-155 | See note in Address Line 1 item. |
| 11. Agency Telephone | X(10) | 156-165 | Agency telephone number (area code and number). |
| 12. Filler | X(250) | 166-415 | Blank Fill. |
| 13. ASAID | X(8) | 416-423 | Blank Fill. |
| 14. ACOID | X(8) | 424-431 | Blank Fill. |
| 15. MAC | X(9) | 432-440 | Blank Fill. |

# Check Payment Records

RECORD NAME : Check 04 Payment Record

DATA ELEMENT DESCRIPTION

| ITEM | FORMAT | POSITION | EDIT CRITERIA |
|---|---|---|---|
| 1. Record Type | 9(2) | 1-2 | Must equal 04. |
| 2. Payment Number | 9(6) | 3-8 | The first payment number in the schedule must be 000001 with each subsequent payment number incremented by 1.<br><br>**Note: Maximum number of 04 payment records is 60.** |
| *3. Schedule Number | X(14) | 9-22 | Must equal Schedule Number in 01 record. |
| 4. Enclosure Code | 9(1) | 23-23 | Valid codes are 0 - Name only<br>1 - Direct Mail<br>2 - Check with Stub<br>5 - Foreign Mail<br><br>Note: If Payment Type in 01 Record equals N or the Payment Sub-Type equals X, O, R, B, D, or C, the Enclosure Code field must equal 1.<br><br>Note: If Enclosure Code equals 2, then records 05 and 06 must be present after the corresponding 04 record. |
| 5. Filler | X(7) | 24-30 | Blank Fill. |
| 6. Zero Constant | 9(1) | 31-31 | Must equal zero. |
| 7. Payment Amount | 9(10) | 32-41 | Right justified and zero padded.<br>Valid characters are “0-9".<br><br>Note: last two digits are implied cents.<br><br>If Payment Type in 01 record equals N, then amount must be at least $10 million, otherwise, amount must be greater than zero and less than $10 million. |
| 8. Agency ID | X(10) | 42-51 | **Optional.** Blank Fill if not used. If used, valid characters are “0-9", “A-Z”, dash (-), or blanks. |
| 9. Record Code | X(1) | 52-52 | Must equal **B**. |
| 10. Payee Name | X(35) | 53-87 | Cannot be all blanks.<br><br>See Keyboard ASCii Character Set Table for valid characters. |
| 11. Address Line 1 | X(35) | 88-122 | **Optional** if Enclosure Code equals 0. Blank Fill if not used.<br><br>**Required** if Enclosure Code equals 1, 2, or 5.<br><br>See Keyboard ASCii Character Set Table for valid characters.<br><br>**Note: Use of Address Line 1, 2, 3, and 4 fields is dependent on value of Enclosure Code field.**<br><br>**If Enclosure Code equals 1, 2, or 5, then the last address line used should contain the City, State, and Zip Code of the address.** |

RECORD NAME : Check 04 Payment Record

DATA ELEMENT DESCRIPTION

| ITEM | FORMAT | POSITION | EDIT CRITERIA |
|---|---|---|---|
| 12. Address Line 2 | X(35) | 123-157 | **Optional** if Enclosure Code equals 1, 2, or 5. Blank Fill if not used.<br><br>Must be blank if Enclosure Code equals 0.<br><br>See Keyboard ASCii Character Set Table for valid characters. |
| 13. Address Line 3 | X(30) | 158-187 | **Optional** If Enclosure Code = 1, 2, or 5. Blank Fill if not used.<br><br>Must be blank if Enclosure Code = 0.<br><br>See Keyboard ASCii Character Set Table for valid characters. |
| 14. Address Line 4 | X(30) | 188-217 | **Optional** if Enclosure Code = 1, 2, or 5. Blank Fill if not used.<br><br>Must be blank if Enclosure Code = 0.<br><br>See Keyboard ASCii Character Set Table for valid characters. |
| 15. Type of Payment | X(1) | 218-218 | **Optional.** For Agency use to further classify payment type. Blank Fill if not used.<br><br>If used, valid characters are “0-9" or “A-Z” |
| 16. Account Symbol | X(16) | 219-234 | Identifies appropriation or fund used to issue payment.<br><br>Must be a minimum of 7 characters.<br><br>Valid characters are “0-9", “A-Z”, “.”, “(“, “)”, or “/”.<br><br>Trailing blanks are valid. Leading and embedded blanks are not valid.<br><br>**A schedule cannot have more than 10 unique account symbols.** |
| 17. Payee ID/TIN | X(9) | 235-243 | Payee’s Taxpayer Identification Number, Vendor ID, SSN, or other valid Payee ID. This field is required for Treasury debt offset.<br><br>First position must be equal to “0-9", “A-Z”, or dash (-).<br><br>For positions 2 thru 9, valid characters are “0-9", “A-Z”, dash (-), or blanks. |
| 18. Filler | X(40) | 244-283 | Blank Fill. |

RECORD NAME : Check 04 Payment Record

DATA ELEMENT DESCRIPTION

| ITEM | FORMAT | POSITION | EDIT CRITERIA |
|---|---|---|---|
| 19. Number of Payment ID Lines | 9(2) | 284-285 | Value = 01, if all payment ID Lines are blank.<br><br>Value = 01 to 14, depending on the last positional Payment ID Line that is not blank.<br><br>**NOTE:** If payment is an Enclosure Code 2, the Check 05 & 06 Enclosure Records must be present in the output regardless of how many Payment ID Lines are used. |
| 20. Payment ID Line 1 | X(55) | 286-340 | **Optional** and limited to first 40 characters if Enclosure Code = 0, 1, or 5.<br><br>**Required** and can be up to 55 characters if Enclosure Code = 2.<br><br>Blank Fill if not used.<br><br>See Keyboard ASCii Character Set Table for valid characters.<br><br>**Note: If Enclosure Code = 0, 1, or 5, Payment ID Lines 1 and 2 print on the check. If Enclosure Code = 2, Payment ID Lines 1 thru 14 print on the check stub.** |
| 21. Payment ID Line 2 | X(55) | 341-395 | **Optional** and limited to first 40 characters if Enclosure Code = 0, 1, or 5.<br><br>**Optional** and can be up to 55 characters if Enclosure Code = 2.<br><br>Blank Fill if not used.<br><br>See Keyboard ASCii Character Set Table for valid characters. |
| 22. Filler | X(18) | 396-413 | Blank Fill. |
| *23. 1099 Reporting Eligibility | X(1) | 414-414 | Blank Fill.<br><br>**Note: 1099 Reporting Eligibility is no longer required and FMS will ignore any data in this field.** |
| 24. TOP Offset Eligibility | X(1) | 415-415 | Valid characters are Y (payment is eligible for Treasury Offset) or N (not eligible for offset). |
| 25. ASAID | X(8) | 416-423 | Blank Fill. |
| 26. ACOID | X(8) | 424-431 | Blank Fill. |
| 27. MAC | X(9) | 432-440 | Blank Fill. |

RECORD NAME : Check 05 Check Stub Enclosure Record. **Required** if Enclosure Code = 2 in corresponding 04 payment record.

DATA ELEMENT DESCRIPTION

| ITEM | FORMAT | POSITION | EDIT CRITERIA |
|---|---|---|---|
| 1. Record Type | 9(2) | 1-2 | Must equal 05. |
| 2. Payment Number | 9(6) | 3-8 | Must be equal to payment number in corresponding 04 record. |
| *3. Schedule Number | X(14) | 9-22 | Must equal Schedule Number in 01 record. |
| 4. Payment ID Line 3 | X(55) | 23-77 | **Optional**, but if used, Enclosure Code must = 2.<br>Blank Fill if not used.<br>See Keyboard ASCii Character Set Table for valid characters. |
| 5. Payment ID Line 4 | X(55) | 78-132 | **Optional**, but if used, Enclosure Code must = 2.<br>Blank Fill if not used.<br>See Keyboard ASCii Character Set Table for valid characters. |
| 6. Payment ID Line 5 | X(55) | 133-187 | **Optional**, but if used, Enclosure Code must = 2.<br>Blank Fill if not used.<br>See Keyboard ASCii Character Set Table for valid characters. |
| 7. Payment ID Line 6 | X(55) | 188-242 | **Optional**, but if used, Enclosure Code must = 2.<br>Blank Fill if not used.<br>See Keyboard ASCii Character Set Table for valid characters. |
| 8. Payment ID Line 7 | X(55) | 243-297 | **Optional**, but if used, Enclosure Code must = 2.<br>Blank Fill if not used.<br>See Keyboard ASCii Character Set Table for valid characters. |
| 9. Payment ID Line 8 | X(55) | 298-352 | **Optional**, but if used, Enclosure Code must = 2.<br>Blank Fill if not used.<br>See Keyboard ASCii Character Set Table for valid characters. |
| 10. Filler | X(63) | 353-415 | Blank Fill. |
| 11. ASAID | X(8) | 416-423 | Blank Fill. |
| 12. ACOID | X(8) | 424-431 | Blank Fill. |
| 13. MAC | X(9) | 432-440 | Blank Fill. |

RECORD NAME : Check 06 Check Stub Enclosure Record. **Required** if Enclosure Code = 2 in corresponding 04 payment record.

DATA ELEMENT DESCRIPTION

| ITEM | FORMAT | POSITION | EDIT CRITERIA |
|---|---|---|---|
| 1. Record Type | 9(2) | 1-2 | Must equal 06. |
| 2. Payment Number | 9(6) | 3-8 | Must equal payment number in corresponding 04 record. |
| *3. Schedule Number | X(14) | 9-22 | Must equal Schedule Number in 01 record. |
| 4. Payment ID Line 9 | X(55) | 23-77 | **Optional**, but if used, Enclosure Code must = 2.<br>Blank Fill if not used.<br>See Keyboard ASCii Character Set Table for valid characters. |
| 5. Payment ID Line 10 | X(55) | 78-132 | **Optional**, but if used, Enclosure Code must = 2.<br>Blank Fill if not used.<br>See Keyboard ASCii Character Set Table for valid characters. |
| 6. Payment ID Line 11 | X(55) | 133-187 | **Optional**, but if used, Enclosure Code must = 2.<br>Blank Fill if not used.<br>See Keyboard ASCii Character Set Table for valid characters. |
| 7. Payment ID Line 12 | X(55) | 188-242 | **Optional**, but if used, Enclosure Code must = 2.<br>Blank Fill if not used.<br>See Keyboard ASCii Character Set Table for valid characters. |
| 8. Payment ID Line 13 | X(55) | 243-297 | **Optional**, but if used, Enclosure Code must = 2.<br>Blank Fill if not used.<br>See Keyboard ASCii Character Set Table for valid characters. |
| 9. Payment ID Line 14 | X(55) | 298-352 | **Optional**, but if used, Enclosure Code must = 2.<br>Blank Fill if not used.<br>See Keyboard ASCii Character Set Table for valid characters. |
| 10. Filler | X(63) | 353-415 | Blank Fill. |
| 11. ASAID | X(8) | 416-423 | Blank Fill. |
| 12. ACOID | X(8) | 424-431 | Blank Fill. |
| 13. MAC | X(9) | 432-440 | Blank Fill. |

# Check Trailer Records

RECORD NAME : Check 09 Schedule Control Record

*** Note: this record is no longer required, however if used, items must meet edit criteria defined below.**

DATA ELEMENT DESCRIPTION

| ITEM | FORMAT | POSITION | EDIT CRITERIA |
|---|---|---|---|
| 1. Record Type | 9(2) | 1-2 | Must equal 09. |
| 2. Record Number | 9(6) | 3-8 | Must be one number higher than payment number in last 04 record. |
| *3. Schedule Number | X(14) | 9-22 | Must equal Schedule Number in 01 record. |
| 4. Constant Nines | 9(13) | 23-35 | Must equal nines. |
| 5. Total Number of Payments | 9(7) | 36-42 | Right justified, zero padded.<br><br>Must equal the total number of 04 records. Valid characters are “0-9". |
| 6. Total Schedule Amount | 9(13) | 43-55 | Right justified, zero padded. Must equal the sum of all Payment Amounts in 04 records. Valid characters are “0-9".<br><br>Note: last two digits are implied cents. |
| 7. Record Code | X(1) | 56-56 | Must equal **C.** |
| 8. Account Symbol 1 | X(16) | 57-72 | Must equal the Account Symbol in first 04 payment record. |
| 9. Appropriated Amount 1 | 9(13) | 73-85 | Right justified, zero padded.<br><br>Must equal the sum of all Payment Amounts in 04 records which have an Account Symbol equal to Account Symbol 1.<br><br>Valid characters are “0-9".<br><br>Note: Last two digits are implied cents. |
| 10. Account Symbol 2 | X(16) | 86-101 | **Optional.** Blank filled if not used.<br><br>If used, must equal the second unique Account Symbol in 04 payment records. |
| 11. Appropriated Amount 2 | 9(13) | 102-114 | **Optional.** Zero filled if not used.<br><br>If used, right justify, zero pad and must equal the sum of all Payment Amounts in 04 records which have an Account Symbol equal to Account Symbol 2.<br><br>Valid characters are “0-9".<br><br>Note: Last two digits are implied cents. |

RECORD NAME : Check 09 Schedule Control Record

DATA ELEMENT DESCRIPTION

| ITEM | FORMAT | POSITION | EDIT CRITERIA |
|---|---|---|---|
| 12. Account Symbol 3 | X(16) | 115-130 | **Optional.** Blank filled if not used.<br><br>If used, must equal the third unique Account Symbol in 04 payment records. |
| 13. Appropriated Amount 3 | 9(13) | 131-143 | **Optional.** Zero filled if not used.<br><br>If used, right justify, zero pad and must equal the sum of all Payment Amounts in 04 records which have an Account Symbol equal to Account Symbol 3.<br><br>Valid characters are “0-9".<br><br>Note: Last two digits are implied cents. |
| 14. Account Symbol 4 | X(16) | 144-159 | **Optional.** Blank filled if not used.<br><br>If used, must equal the fourth unique Account Symbol in 04 payment records. |
| 15. Appropriated Amount 4 | 9(13) | 160-172 | **Optional.** Zero filled if not used.<br><br>If used, right justify, zero pad and must equal the sum of all Payment Amounts in 04 records which have an Account Symbol equal to Account Symbol 4.<br><br>Valid characters are “0-9".<br><br>Note: Last two digits are implied cents. |
| 16. Account Symbol 5 | X(16) | 173-188 | **Optional.** Blank filled if not used.<br><br>If used, must equal the fifth unique Account Symbol in 04 payment records. |
| 17. Appropriated Amount 5 | 9(13) | 189-201 | **Optional.** Zero filled if not used.<br><br>If used, right justify, zero pad and must equal the sum of all Payment Amounts in 04 records which have an Account Symbol equal to Account Symbol 5.<br><br>Valid characters are “0-9".<br><br>Note: Last two digits are implied cents. |
| 18. Account Symbol 6 | X(16) | 202-217 | **Optional.** Blank filled if not used.<br><br>If used, must equal the sixth unique Account Symbol in 04 payment records. |

RECORD NAME : Check 09 Schedule Control Record

DATA ELEMENT DESCRIPTION

| ITEM | FORMAT | POSITION | EDIT CRITERIA |
|---|---|---|---|
| 19. Appropriated Amount 6 | 9(13) | 218-230 | **Optional.** Zero filled if not used.<br><br>If used, right justify, zero pad and must equal the sum of all Payment Amounts in 04 records which have an Account Symbol equal to Account Symbol 6.<br><br>Valid characters are “0-9".<br><br>Note: Last two digits are implied cents. |
| 20. Account Symbol 7 | X(16) | 231-246 | **Optional.** Blank filled if not used.<br><br>If used, must equal the seventh unique Account Symbol in 04 payment records. |
| 21. Appropriated Amount 7 | 9(13) | 247-259 | **Optional.** Zero filled if not used.<br><br>If used, right justify, zero pad and must equal the sum of all Payment Amounts in 04 records which have an Account Symbol equal to Account Symbol 7.<br><br>Valid characters are “0-9".<br><br>Note: Last two digits are implied cents. |
| 22. Account Symbol 8 | X(16) | 260-275 | **Optional.** Blank filled if not used.<br><br>If used, must equal the eighth unique Account Symbol in 04 payment records. |
| 23. Appropriated Amount 8 | 9(13) | 276-288 | **Optional.** Zero filled if not used.<br><br>If used, right justify, zero pad and must equal the sum of all Payment Amounts in 04 records which have an Account Symbol equal to Account Symbol 8.<br><br>Valid characters are “0-9".<br><br>Note: Last two digits are implied cents. |
| 24. Account Symbol 9 | X(16) | 289-304 | **Optional.** Blank filled if not used.<br><br>If used, must equal the ninth unique Account Symbol in 04 payment records. |
| 25. Appropriated Amount 9 | 9(13) | 305-317 | **Optional.** Zero filled if not used.<br><br>If used, right justify, zero pad and must equal the sum of all Payment Amounts in 04 records which have an Account Symbol equal to Account Symbol 9.<br><br>Valid characters are “0-9".<br><br>Note: Last two digits are implied cents. |

RECORD NAME : Check 09 Schedule Control Record

DATA ELEMENT DESCRIPTION

| ITEM | FORMAT | POSITION | EDIT CRITERIA |
|---|---|---|---|
| 26. Account Symbol 10 | X(16) | 318-333 | Optional. Blank filled if not used.<br><br>If used, must equal the tenth unique Account Symbol in 04 payment records. |
| 27. Appropriated Amount 10 | 9(13) | 334-346 | **Optional.** Zero filled if not used.<br><br>If used, right justify, zero pad and must equal the sum of all Payment Amounts in 04 records which have an Account Symbol equal to Account Symbol 10.<br><br>Valid characters are “0-9".<br><br>Note: Last two digits are implied cents. |
| 28. Filler | X(69) | 347-415 | Blank Fill. |
| 29. ASAID | X(8) | 416-423 | Blank Fill. |
| 30. ACOID | X(8) | 424-431 | Blank Fill. |
| 31. MAC | X(9) | 432-440 | Blank Fill. |

RECORD NAME : Check 99 Schedule Trailer Record

*** Note: this record is no longer required, however if used, items must meet edit criteria defined below.**

DATA ELEMENT DESCRIPTION

| ITEM | FORMAT | POSITION | EDIT CRITERIA |
|---|---|---|---|
| 1. Record Type | 9(2) | 1-2 | Must equal 99. |
| 2. Record Number | 9(6) | 3-8 | One number higher than record number in 09 Schedule Control Record. |
| *3. Schedule Number | X(14) | 9-22 | Must equal Schedule Number in 01 record. |
| 4. Filler | X(393) | 23-415 | Blank Fill. |
| 5. ASAID | X(8) | 416-423 | Blank Fill. |
| 6. ACOID | X(8) | 424-431 | Blank Fill. |
| 7. MAC | X(9) | 432-440 | Blank Fill. |

# ACH Header Records

RECORD NAME : ACH 01 Transmission Header Record

DATA ELEMENT DESCRIPTION

| ITEM | FORMAT | POSITION | EDIT CRITERIA |
|---|---|---|---|
| 1. Record Type | 9(2) | 1-2 | Must equal 01. |
| 2. Transmission Number | X(6) | 3-8 | Blank Fill. |
| *3. Schedule Number | X(14) | 9-22 | **Positions 1-4 must be blank. Valid characters for positions 5-14 are "0-9", "A-Z", or dash (-). Leading blanks are valid. Embedded and trailing blanks are invalid.** |
| 4. Date/Time | X(12) | 23-34 | Blank Fill. |
| 5. FPA ID | X(4) | 35-38 | Blank Fill. |
| 6. FPA PC # | X(2) | 39-40 | Blank Fill. |
| 7. Filler | X(2) | 41-42 | Blank Fill. |
| *8. RFC Identifier | X(3) | 43-45 | Blank Fill.<br>**Note: RFC Identifier is no longer required and FMS will ignore any data in this field.** |
| 9. ALC | 9(8) | 46-53 | Valid Agency Location Code. |
| *10. DOS Filename | X(12) | 54-65 | Blank Fill.<br>**Note: DOS Filename is no longer required and FMS will ignore any data in this field.** |
| 11. Filler | X(351) | 66-416 | Blank Fill. |
| 12. Payment Type | X(1) | 417-417 | Valid codes are A or P.<br>**Note: See note in Payment Sub-Type (Item 13).** |
| *13. Payment Sub-Type | X(1) | 418-418 | **Note: See "Payment Type/Sub-Type/Addendum Code" table for valid ACH payment type and sub-type combinations.**<br>**Note: There are three new sub-types for ACH payments. They are:**<br>**F - Miscellaneous PPD (changed E to F on 12/17/02)**<br>**P - PreAuthorized Debit PPD**<br>**Q - PreAuthorized Debit CCD** |
| 14. Filler | X(22) | 419-440 | Blank Fill. |

RECORD NAME : ACH 02 Agency Location Code (ALC) Control Record

*** Note: this record is no longer required, however if used, items must meet edit criteria defined below.**

DATA ELEMENT DESCRIPTION

| ITEM | FORMAT | POSITION | EDIT CRITERIA |
|---|---|---|---|
| 1. Record Type | 9(2) | 1-2 | Must equal 02. |
| 2. Record Number | 9(6) | 3-8 | Must equal 000001. |
| *3. Schedule Number | X(14) | 9-22 | Must equal Schedule Number in 01 record. |
| 4. Filler | X(13) | 23-35 | Blank Fill. |
| 5. ALC | 9(8) | 36-43 | Must equal ALC in 01 record |
| 6. Filler | X(11) | 44-54 | Blank Fill. |
| 7. Record Code | X(1) | 55-55 | Must equal **&** (ampersand). |
| 8. Filler | X(360) | 56-415 | Blank Fill. |
| 9. ASAID | X(8) | 416-423 | Blank Fill. |
| 10. ACOID | X(8) | 424-431 | Blank Fill. |
| 11. MAC | X(9) | 432-440 | Blank Fill. |

RECORD NAME : ACH 03 Agency Billing Address Control Record

*** Note: this record is no longer required, however if used, items must meet edit criteria defined below.**

DATA ELEMENT DESCRIPTION

| ITEM | FORMAT | POSITION | EDIT CRITERIA |
|---|---|---|---|
| 1. Record Type | 9(2) | 1-2 | Must equal 03. |
| 2. Record Number | 9(6) | 3-8 | Must equal 000002. |
| *****3. Schedule Number | X(14) | 9-22 | Must equal Schedule Number in 01 record. |
| 4. Zero Constant | 9(13) | 23-35 | Must equal zeros. |
| 5. Filler | X(19) | 36-54 | Blank Fill. |
| 6. Record Code | X(1) | 55-55 | Must equal **A**. |
| 7. Agency Name | X(25) | 56-80 | Name of Agency. |
| 8. Address Line 1 | X(25) | 81-105 | Agency billing address.<br>**Note: billing address encompasses Address Line 1, Address Line 2, and Address Line 3 items. If less than 3 lines, blank fill remaining items. Last significant line used should contain City, State, and Zip Code** |
| 9. Address Line 2 | X(25) | 106-130 | See note in Address Line 1 item. |
| 10. Address Line 3 | X(25) | 131-155 | See note in Address Line 1 item. |
| 11. Agency Telephone | X(10) | 156-165 | Agency telephone number (area code and number). |
| 12. Filler | X(250) | 166-415 | Blank Fill. |
| 13. ASAID | X(8) | 416-423 | Blank Fill. |
| 14. ACOID | X(8) | 424-431 | Blank Fill. |
| 15. MAC | X(9) | 432-440 | Blank Fill. |

# ACH Payment Records

RECORD NAME : ACH 04 Payment Record

DATA ELEMENT DESCRIPTION

| ITEM | FORMAT | POSITION | EDIT CRITERIA |
|---|---|---|---|
| 1. Record Type | 9(2) | 1-2 | Must equal 04. |
| 2. Payment Number | 9(6) | 3-8 | The first payment number in the schedule must be 000001 with each subsequent payment number incremented by 1.<br><br>**Note: Maximum number of 04 payment records is 60.** |
| *3. Schedule Number | X(14) | 9-22 | Must equal Schedule Number in 01 record. |
| 4. Account Type | X(1) | 23-23 | Must equal **C** (Checking Account) or **S** (Savings Account). |
| 5. Payee ID/TIN | X(9) | 24-32 | Payee's Taxpayer Identification Number, Vendor ID, SSN, or other valid Payee ID. This field is required for Treasury debt offset.<br><br>If Payment Sub-Type in 01 record equals S or T, all 9 positions must be numeric (0-9).<br><br>Otherwise, first position must be equal to "0-9", "A-Z", or dash (-) and for positions 2 thru 9, valid characters are "0-9", "A-Z", dash (-), or blanks. |
| 6. Filler | X(3) | 33-35 | Blank Fill. |
| 7. Zero Constant | 9(11) | 36-46 | Must equal zeros. |
| 8. Payment Amount | 9(10) | 47-56 | Right justified and zero padded.<br><br>Valid characters are "0-9".<br><br>If Payment Type in 01 record equals P then amount must equal zero.<br><br>If Payment Type in 01 record equals A and Addendum Code equals PPD, then amount must be greater than zero and less than $1 million dollars.<br><br>If Payment Type in 01 record equals A and Addendum Code equals CCD, then amount must be greater than zero.<br><br>Note: last two digits are implied cents. |
| 9. Record Code | X(1) | 57-57 | Must equal **B**. |
| 10. Payee Name | X(22) | 58-79 | Cannot be all blanks.<br><br>See Keyboard ASCii Character Set Table for valid characters. |
| 11. Allotment Code | X(1) | 80-80 | **Required** if Payment Sub-Type in 01 record = S.<br><br>Valid characters are Y (Salary Allotment Payment) or N (Regular Salary Payment).<br><br>Must be blank if Payment Sub-Type not equal to S. |
| 12. Filler | X(6) | 81-86 | Blank Fill. |
| 13. Routing Transit Number | 9(9) | 87-95 | Routing Transit Number of payees financial institution. Valid characters are "0-9". |

RECORD NAME : ACH 04 Payment Record

DATA ELEMENT DESCRIPTION

| ITEM | FORMAT | POSITION | EDIT CRITERIA |
|---|---|---|---|
| 14. Depositor Account Number | X(17) | 96-112 | Payees account number at financial institution.<br><br>Valid characters are A-Z, 0-9, or dash (-). Trailing blanks are valid. Leading or embedded blanks are not valid. |
| 15. Filler | X(104) | 113-216 | Blank Fill. |
| 16. Payment Type | X(1) | 217-217 | Blank Fill. |
| *17. Account Symbol | X(16) | 218-233 | Identifies appropriation or fund used to issue payment.<br><br>**Note: Account Symbol is now a required item for an ACH payment.**<br><br>Must be a minimum of 7 characters.<br><br>Valid characters are “0-9", “A-Z”, “.”, “(“, “)”, or “/”.<br><br>Trailing blanks are valid. Leading and embedded blanks are not valid.<br><br>**A schedule cannot have more than 10 unique account symbols.** |
| 18. Filler | X(50) | 234-282 | Blank Fill. |
| 19. Payment ID Line | X(80) | 284-363 | **Optional**. Blank fill if not used.<br><br>If used, then the field must meet edit and format requirements of the Federal Reserve Bank NACHA rules. See the ACH Addendum Record Users Guide for guidelines on data elements and structure. |
| 20. Filler | X(47) | 364-410 | Blank Fill. |
| 21. Addendum Code | X(3) | 411-413 | Must equal PPD or CCD.<br><br>See “Payment Type/Sub-Type/Addendum Code Table” at beginning of this document for valid code based upon Type, Sub-Type. |
| *22. 1099 Reporting Eligibility | X(1) | 414-414 | Blank Fill.<br><br>**Note: 1099 Reporting Eligibility is no longer required and FMS will ignore any data in this field.** |
| 23. TOP Offset Eligibility | X(1) | 415-415 | Valid characters are **Y** (payment is eligible for Treasury Offset) or **N** (not eligible for offset). |
| 24. ASAID | X(8) | 416-423 | Blank Fill. |
| 25. ACOID | X(8) | 424-431 | Blank Fill. |
| 26. MAC | X(9) | 432-440 | Blank Fill. |

# ACH Trailer Records

RECORD NAME : ACH 09 Schedule Control Record

*** Note: this record is no longer required, however if used, items must meet edit criteria defined below.**

DATA ELEMENT DESCRIPTION

| ITEM | FORMAT | POSITION | EDIT CRITERIA |
|---|---|---|---|
| 1. Record Type | 9(2) | 1-2 | Must equal 09. |
| 2. Record Number | 9(6) | 3-8 | Must be one number higher than payment number in last 04 record. |
| *3. Schedule Number | X(14) | 9-22 | Must equal Schedule Number in 01 record. |
| 4. Constant Nines | 9(13) | 23-35 | Must equal nines. |
| 5. Total Number of Payments | 9(7) | 36-42 | Right justified, zero padded. Must equal the total number of 04 records. Valid characters are “0-9". |
| 6. Total Schedule Amount | 9(13) | 43-55 | Right justified, zero padded. Must equal the sum of all Payment Amounts in 04 records. Valid characters are “0-9".<br><br>Note: last two digits are implied cents. |
| 7. Record Code | X(1) | 56-56 | Must equal **C.** |

**Note: Since the Account Symbol item in the 04 Payment Record is now required, Items 8 and 9 in the 09 Schedule Control record are now required with the remaining Account Symbol and Appropriated Amount (2 thru 10) items required if more than one Account Symbol is used in the 04 Payment Records. The ACH processing of Account Symbols and Appropriated Amount items is now the same as the processing in Check Schedules.**

| | | | |
|---|---|---|---|
| *8. Account Symbol 1 | X(16) | 57-72 | Must equal the Account Symbol in first 04 payment record. |
| *9. Appropriated Amount 1 | 9(13) | 73-85 | Right justified, zero padded.<br><br>Must equal the sum of all Payment Amounts in 04 records which have an Account Symbol equal to Account Symbol 1.<br><br>Valid characters are “0-9".<br><br>Note: Last two digits are implied cents. |
| 10. Account Symbol 2 | X(16) | 86-101 | **Optional.** Blank filled if not used.<br><br>If used, must equal the second unique Account Symbol in 04 payment records. |
| 11. Appropriated Amount 2 | 9(13) | 102-114 | **Optional.** Zero filled if not used.<br><br>If used, right justify, zero pad and must equal the sum of all Payment Amounts in 04 records which have an Account Symbol equal to Account Symbol 2.<br><br>Valid characters are “0-9".<br>Note: Last two digits are implied cents. |
| 12. Account Symbol 3 | X(16) | 115-130 | **Optional.** Blank filled if not used.<br><br>If used, must equal the third unique Account Symbol in 04 payment records. |

RECORD NAME : ACH 09 Schedule Control Record

DATA ELEMENT DESCRIPTION

| ITEM | FORMAT | POSITION | EDIT CRITERIA |
|---|---|---|---|
| 13. Appropriated Amount 3 | 9(13) | 131-143 | **Optional.** Zero filled if not used.<br><br>If used, right justify, zero pad and must equal the sum of all Payment Amounts in 04 records which have an Account Symbol equal to Account Symbol 3.<br><br>Valid characters are “0-9".<br><br>Note: Last two digits are implied cents. |
| 14. Account Symbol 4 | X(16) | 144-159 | **Optional.** Blank filled if not used.<br><br>If used, must equal the fourth unique Account Symbol in 04 payment records. |
| 15. Appropriated Amount 4 | 9(13) | 160-172 | **Optional.** Zero filled if not used.<br><br>If used, right justify, zero pad and must equal the sum of all Payment Amounts in 04 records which have an Account Symbol equal to Account Symbol 4.<br><br>Valid characters are “0-9".<br><br>Note: Last two digits are implied cents. |
| 16. Account Symbol 5 | X(16) | 173-188 | **Optional.** Blank filled if not used.<br><br>If used, must equal the fifth unique Account Symbol in 04 payment records. |
| 17. Appropriated Amount 5 | 9(13) | 189-201 | **Optional.** Zero filled if not used.<br><br>If used, right justify, zero pad and must equal the sum of all Payment Amounts in 04 records which have an Account Symbol equal to Account Symbol 5.<br><br>Valid characters are “0-9".<br><br>Note: Last two digits are implied cents. |
| 18. Account Symbol 6 | X(16) | 202-217 | **Optional.** Blank filled if not used.<br><br>If used, must equal the sixth unique Account Symbol in 04 payment records. |
| 19. Appropriated Amount 6 | 9(13) | 218-230 | **Optional.** Zero filled if not used.<br><br>If used, right justify, zero pad and must equal the sum of all Payment Amounts in 04 records which have an Account Symbol equal to Account Symbol 6.<br><br>Valid characters are “0-9".<br><br>Note: Last two digits are implied cents. |
| 20. Account Symbol 7 | X(16) | 231-246 | **Optional.** Blank filled if not used.<br><br>If used, must equal the seventh unique Account Symbol in 04 payment records. |

RECORD NAME : ACH 09 Schedule Control Record

DATA ELEMENT DESCRIPTION

| ITEM | FORMAT | POSITION | EDIT CRITERIA |
|---|---|---|---|
| 21. Appropriated Amount 7 | 9(13) | 247-259 | **Optional.** Zero filled if not used.<br><br>If used, right justify, zero pad and must equal the sum of all Payment Amounts in 04 records which have an Account Symbol equal to Account Symbol 7.<br><br>Valid characters are “0-9".<br><br>Note: Last two digits are implied cents. |
| 22. Account Symbol 8 | X(16) | 260-275 | **Optional.** Blank filled if not used.<br><br>If used, must equal the eighth unique Account Symbol in 04 payment records. |
| 23. Appropriated Amount 8 | 9(13) | 276-288 | **Optional.** Zero filled if not used.<br><br>If used, right justify, zero pad and must equal the sum of all Payment Amounts in 04 records which have an Account Symbol equal to Account Symbol 8.<br><br>Valid characters are “0-9".<br><br>Note: Last two digits are implied cents. |
| 24. Account Symbol 9 | X(16) | 289-304 | **Optional.** Blank filled if not used.<br><br>If used, must equal the ninth unique Account Symbol in 04 payment records. |
| 25. Appropriated Amount 9 | 9(13) | 305-317 | **Optional.** Zero filled if not used.<br><br>If used, right justify, zero pad and must equal the sum of all Payment Amounts in 04 records which have an Account Symbol equal to Account Symbol 9.<br><br>Valid characters are “0-9".<br><br>Note: Last two digits are implied cents. |
| 26. Account Symbol 10 | X(16) | 318-333 | **Optional**. Blank fill if not used.<br><br>If used, must equal the tenth unique Account Symbol in 04 payment records. |
| 27. Appropriated Amount 10 | 9(13) | 334-346 | **Optional.** Zero filled if not used.<br><br>If used, right justify, zero pad and must equal the sum of all Payment Amounts in 04 records which have an Account Symbol equal to Account Symbol 10.<br><br>Valid characters are “0-9".<br><br>Note: Last two digits are implied cents. |
| 28. Filler | X(69) | 347-415 | Blank Fill. |
| 29. ASAID | X(8) | 416-423 | Blank Fill. |
| 30. ACOID | X(8) | 424-431 | Blank Fill. |
| 31. MAC | X(9) | 432-440 | Blank Fill. |

RECORD NAME : ACH 99 Schedule Trailer Record

*** Note: this record is no longer required, however if used, items must meet edit criteria defined below.**

DATA ELEMENT DESCRIPTION

| ITEM | FORMAT | POSITION | EDIT CRITERIA |
|---|---|---|---|
| 1. Record Type | 9(2) | 1-2 | Must equal 99. |
| 2. Record Number | 9(6) | 3-8 | One number higher than record number in 09 Schedule Control Record. |
| *3. Schedule Number | X(14) | 9-22 | Must equal Schedule Number in 01 record. |
| 4. Filler | X(393) | 23-415 | Blank Fill. |
| 5. ASAID | X(8) | 416-423 | Blank Fill. |
| 6. ACOID | X(8) | 424-431 | Blank Fill. |
| 7. MAC | X(9) | 432-440 | Blank Fill. |

# Summary Totals Header Records

RECORD NAME : Summary Totals 01 Transmission Header Record

DATA ELEMENT DESCRIPTION

| ITEM | FORMAT | POSITION | EDIT CRITERIA |
|---|---|---|---|
| 1. Record Type | 9(2) | 1-2 | Must equal 01. |
| 2. Transmission Number | X(6) | 3-8 | Blank Fill. |
| *3. Schedule Number | X(14) | 9-22 | **Positions 1-4 must be blank. Valid characters for positions 5-14 are "0-9", "A-Z", or dash (-). Leading blanks are valid. Embedded and trailing blanks are invalid.** |
| 4. Date/Time | X(12) | 23-34 | Blank Fill. |
| 5. FPA ID | X(4) | 35-38 | Blank Fill. |
| 6. FPA PC # | X(2) | 39-40 | Blank Fill. |
| 7. Filler | X(2) | 41-42 | Blank Fill. |
| *8. RFC Identifier | X(3) | 43-45 | The RFC Indentifier field determines the FMS Regional Financial Center (RFC) that will receive the Summary Schedule printout. It normally is the RFC that the corresponding bulk payment file is transmitted to.<br><br>Valid codes are AFC (Austin), BFC (Birmingham), KFC (Kansas City), PFC (Philadelphia), and SFC (San Francisco). |
| 9. ALC | 9(8) | 46-53 | Valid Agency Location Code. |
| *10. DOS Filename | X(12) | 54-65 | Blank Fill.<br><br>**Note: DOS Filename is no longer required and FMS will ignore any data in this field.** |
| 11. Filler | X(351) | 66-416 | Blank Fill. |
| 12. Payment Type | X(1) | 417-417 | Valid codes are **M** (Regular Summary Schedule)or **Y** (Prenote Summary Schedule). |
| 13. Payment Sub-Type | X(1) | 418-418 | Must be blank. |
| 14. Filler | X(22) | 419-440 | Blank Fill. |

RECORD NAME : Summary Totals 02 Agency Location Code (ALC) Control Record

*** Note: this record is no longer required, however if used, items must meet edit criteria defined below.**

DATA ELEMENT DESCRIPTION

| ITEM | FORMAT | POSITION | EDIT CRITERIA |
|---|---|---|---|
| 1. Record Type | 9(2) | 1-2 | Must equal 02. |
| 2. Record Number | 9(6) | 3-8 | Must equal 000001. |
| *3. Schedule Number | X(14) | 9-22 | Must equal Schedule Number in 01 record. |
| 4. Filler | X(13) | 23-35 | Blank Fill. |
| 5. ALC | 9(8) | 36-43 | Must equal ALC in 01 record. |
| 6. Filler | X(11) | 44-54 | Blank Fill. |
| 7. Record Code | X(1) | 55-55 | Must equal **&** (ampersand). |
| 8. Filler | X(360) | 56-415 | Blank Fill. |
| 9. ASAID | X(8) | 416-423 | Blank Fill. |
| 10. ACOID | X(8) | 424-431 | Blank Fill. |
| 11. MAC | X(9) | 432-440 | Blank Fill. |

RECORD NAME : Summary Totals 03 Agency Billing Address Control Record

*** Note: this record is no longer required, however if used, items must meet edit criteria defined below.**

DATA ELEMENT DESCRIPTION

| ITEM | FORMAT | POSITION | EDIT CRITERIA |
|---|---|---|---|
| 1. Record Type | 9(2) | 1-2 | Must equal 03. |
| 2. Record Number | 9(6) | 3-8 | Must equal 000002. |
| *3. Schedule Number | X(14) | 9-22 | Must equal Schedule Number in 01 record. |
| 4. Zero Constant | 9(13) | 23-35 | Must equal zeros. |
| 5. Filler | X(19) | 36-54 | Blank Fill. |
| 6. Record Code | X(1) | 55-55 | Must equal **A**. |
| 7. Agency Name | X(25) | 56-80 | Name of Agency. |
| 8. Address Line 1 | X(25) | 81-105 | Agency billing address.<br>**Note: billing address encompasses Address Line 1, Address Line 2, and Address Line 3 items. If less than 3 lines, blank fill remaining items. Last significant line used should contain City, State, and Zip Code**. |
| 9. Address Line 2 | X(25) | 106-130 | See note in Address Line 1 item |
| 10. Address Line 3 | X(25) | 131-155 | See note in Address Line 1 item. |
| 11. Agency Telephone | X(10) | 156-165 | Agency telephone number (area code and number). |
| 12. Filler | X(250) | 166-415 | Blank Fill. |
| 13. ASAID | X(8) | 416-423 | Blank Fill. |
| 14. ACOID | X(8) | 424-431 | Blank Fill. |
| 15. MAC | X(9) | 432-440 | Blank Fill. |

# Summary Totals Payment Records

RECORD NAME : Summary Totals 04 Record

DATA ELEMENT DESCRIPTION

| ITEM | FORMAT | POSITION | EDIT CRITERIA |
|---|---|---|---|
| 1. Record Type | 9(2) | 1-2 | Must equal 04. |
| 2. Payment Number | 9(6) | 3-8 | Must equal 000001. |
| *3. Schedule Number | X(14) | 9-22 | Must equal Schedule Number in 01 record. |
| 4. Filler | X(4) | 23-26 | Blank Fill. |
| 5. Requested Payment Date | 9(8) | 27-34 | Valid format is MMDDYYYY. Must be a valid date. |
| *6. Summary Payment Codes | X(2) | 35-36 | **First Position**<br>A = Allotments<br>B = Benefit (Monthly; SSA, SSI, VA, OPM and RRB)<br>D = Daily Benefits (such as PMA)<br>F = Foreign mailing of US Dollar Checks (2nd Position must be **C**)<br>H = International Direct Deposit (IDD) (2nd Position must be **E**)<br>I = IDRS Daily Tax<br>M = Miscellaneous<br>N = VAINS (VA Insurance Due Date)<br>P = Pre-Authorized Debit (PAD) (2nd position must be **E**)<br>R = Redraw Schedules for TOP<br>S = Salary<br>T = Travel<br>V = Vendor<br>X = Tax Refunds (IMF, BMF)<br>Z = EDI/EFT/CTX Files<br><br>**Second Position**<br>C = Check (mandatory if 1st position = **F**)<br>E = EFT (mandatory if 1st position = **H** or **P**)<br>M = Mixed Check/ACH<br><br>**Note: If Second Position equals M, additional data elements have been added to and are required in the 09 Schedule Control Record** |
| 7. Filler | X(10) | 37-46 | Blank Fill. |
| *8. Control Number | X(7) | 47-53 | Position 1 must be characters “A-Z”.<br>Position 2 thru 7 must be numerics “0-9".<br><br>Note: the Control Number field is assigned by the processing RFC and is sent to the FPA upon successful pre-validation editing of the corresponding bulk payment file. |
| *9. Reel Number 2 | X(7) | 54-60 | Blank Fill. **This field is no longer required and any data in this field will be ignored by FMS.** |
| *10. Reel Number 3 | X(7) | 61-67 | Blank Fill. **This field is no longer required and any data in this field will be ignored by FMS.** |
| *11. Reel Number 4 | X(7) | 68-74 | Blank Fill. **This field is no longer required and any data in this field will be ignored by FMS.** |
| *12. Reel Number 5 | X(7) | 75-81 | Blank Fill. **This field is no longer required and any data in this field will be ignored by FMS.** |
| 13. Filler | X(35) | 82-116 | Blank Fill. |
| 14. MAC for Payment Data | X(8) | 117-124 | Blank Fill. |

RECORD NAME : Summary Totals 04 Record

DATA ELEMENT DESCRIPTION

| ITEM | FORMAT | POSITION | EDIT CRITERIA |
|---|---|---|---|
| 15. ALC | 9(8) | 125-132 | Must equal ALC in 01 Record. |
| 16. Total Number of Payments | 9(8) | 133-140 | Total number of payments on corresponding bulk file.<br><br>Right justified, zero padded and must be greater than zero.<br><br>Valid characters are “0-9". |
| 17. Total Schedule Amount | 9(15) | 141-155 | Total dollar amount of payments on corresponding bulk file.<br><br>Right justified, zero padded.<br><br>Valid characters are “0-9".<br><br>Note: last two digits are implied cents.<br><br>If Payment Type in 01 record equals **P**, then amount must equal zero. |
| 18. Filler | X(5) | 156-160 | Blank Fill. |
| 19. Account Symbol 1 | X(16) | 161-176 | Account Symbol or other reference identifying the appropriation or fund used for the first account symbol on the schedule.<br><br>Note: Additional Account Symbols (up to 10) must be entered in subsequent Account Symbol 2-10 fields.<br><br>Must be a minimum of 7 characters.<br><br>Valid characters are “0-9", “A-Z”, “.”, “(“, “)”, or “/”.<br><br>Trailing blanks are valid. Leading and embedded blanks are not valid. |
| 20. Total Amt Sym 1 | 9(13) | 177-189 | The sum of all amounts for payments in bulk file using the account symbol identified in Account Symbol 1.<br><br>Right justified, zero padded. Valid characters are “0-9".<br><br>Note: Additional total amounts for other account symbols (up to 10) must be entered in subsequent Total Amt Sym 2-10 fields.<br><br>Note: last two digits are implied cents.<br><br>If Payment Type in 01 record is not equal to **P** then amount must be greater than zero.<br><br>If Payment Type in 01 record equals **P**, then amount must equal zero. |

**Note: The remaining Account Symbol (2-10) and Total Amt Sym (2-10) items in the 04 and 05 records are optional and if used must meet the respective edit criteria in items 19 and 20.**

| | | | |
|---|---|---|---|
| 21. Account Symbol 2 | X(16) | 190-205 | Blank Fill if not used. |
| 22. Total Amt Sym 2 | 9(13) | 206-218 | Zero Fill if not used. |
| 23. Account Symbol 3 | X(16) | 219-234 | Blank Fill if not used. |

RECORD NAME : Summary Totals 04 Record

DATA ELEMENT DESCRIPTION

| ITEM | FORMAT | POSITION | EDIT CRITERIA |
|---|---|---|---|
| 24. Total Amt Sym 3 | 9(13) | 235-247 | Zero Fill if not used. |
| 25. Account Symbol 4 | X(16) | 248-263 | Blank Fill if not used. |
| 26. Total Amt Sym 4 | 9(13) | 264-276 | Zero Fill if not used. |
| 27. Account Symbol 5 | X(16) | 277-292 | Blank Fill if not used. |
| 28. Total Amt Sym 5 | 9(13) | 293-305 | Zero Fill if not used. |
| 29. Account Symbol 6 | X(16) | 306-321 | Blank Fill if not used. |
| 30. Total Amt Sym 6 | 9(13) | 322-334 | Zero Fill if not used. |
| 31. Account Symbol 7 | X(16) | 335-350 | Blank Fill if not used. |
| 32. Total Amt Sym 7 | 9(13) | 351-363 | Zero Fill if not used. |
| 33. Account Symbol 8 | X(16) | 364-379 | Blank Fill if not used. |
| 34. Total Amt Sym 8 | 9(13) | 380-392 | Zero Fill if not used. |
| 35. Filler | X(23) | 393-415 | Blank Fill. |
| 36. ASAID | X(8) | 416-423 | Blank Fill. |
| 37. ACOID | X(8) | 424-431 | Blank Fill. |
| 38. MAC | X(9) | 432-440 | Blank Fill. |

RECORD NAME : Summary Totals 05 Record

DATA ELEMENT DESCRIPTION

| ITEM | FORMAT | POSITION | EDIT CRITERIA |
|---|---|---|---|
| 1. Record Type | 9(2) | 1-2 | Must equal 05. |
| 2. Payment Number | 9(6) | 3-8 | Must equal 000001. |
| *3. Schedule Number | X(14) | 9-22 | Must equal Schedule Number in 01 record. |
| 4. Account Symbol 9 | X(16) | 23-38 | Blank Fill if not used. |
| 5. Total Amt Sym 9 | 9(13) | 39-51 | Zero Fill if not used. |
| 6. Account Symbol 10 | X(16) | 52-67 | Blank Fill if not used. |
| 7. Total Amt Symbol 10 | 9(13) | 68-80 | Zero Fill if not used. |

**Note: The cumulative amount of all Total Amt Sym (1-10) fields must equal the Total Schedule Amount field in the 04 record.**

| | | | |
|---|---|---|---|
| 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 | **Optional.** Blank Fill if not used.<br>See Keyboard ASCii Character Set Table for valid characters. |
| 11. Remarks 2 | X(72) | 176-247 | **Optional.** Blank Fill if not used.<br>See Keyboard ASCii Character Set Table for valid characters. |
| 12. Remarks 3 | X(72) | 248-319 | **Optional.** Blank Fill if not used.<br>See Keyboard ASCii Character Set Table for valid characters. |
| 13. Filler | X(96) | 320-415 | Blank Fill. |
| 14. ASAID | X(8) | 416-423 | Blank Fill. |
| 15. ACOID | X(8) | 424-431 | Blank Fill. |
| 16. MAC | X(9) | 432-440 | Blank Fill. |

RECORD NAME : Summary Totals 06 Record

DATA ELEMENT DESCRIPTION

| ITEM | FORMAT | POSITION | EDIT CRITERIA |
|---|---|---|---|
| 1. Record Type | 9(2) | 1-2 | Must equal 06. |
| 2. Payment Number | 9(6) | 3-8 | Must equal 000001. |
| *3. Schedule Number | X(14) | 9-2 | Must equal Schedule Number in 01 record. |
| 4. Remarks 4 | X(72) | 23-94 | **Optional.** Blank Fill if not used.<br>See Keyboard ASCii Character Set Table for valid characters. |
| 5. Remarks 5 | X(72) | 95-166 | **Optional.** Blank Fill if not used.<br>See Keyboard ASCii Character Set Table for valid characters. |
| 6. Remarks 6 | X(72) | 167-238 | **Optional.** Blank Fill if not used.<br>See Keyboard ASCii Character Set Table for valid characters. |
| 7. Remarks 7 | X(72) | 239-310 | **Optional.** Blank Fill if not used.<br>See Keyboard ASCii Character Set Table for valid characters. |
| 8. CO Name | X(16) | 311-326 | Blank Fill. |
| 9. Filler | X(89) | 327-415 | Blank Fill. |
| 10. ASAID | X(8) | 416-423 | Blank Fill. |
| 11. ACOID | X(8) | 424-431 | Blank Fill. |
| 12. MAC | X(9) | 432-440 | Blank Fill. |

# Summary Totals Trailer Records

RECORD NAME : Summary Totals 09 Schedule Control Record

DATA ELEMENT DESCRIPTION

| ITEM | FORMAT | POSITION | EDIT CRITERIA |
|---|---|---|---|
| 1. Record Type | 9(2) | 1-2 | Must equal 09. |
| 2. Record Number | 9(6) | 3-8 | Must equal 000002. |
| 3. Schedule Number | X(14) | 9-22 | Must equal Schedule Number in 01 record. |
| 4. Constant Nines | 9(13) | 23-35 | Must equal nines. |
| 5. Total Number of Payments | 9(8) | 36-43 | Must equal Total Number of Payments (item 16) in 04 Record.<br><br>Right justify, zero pad. Valid characters are “0-9". |
| 6. Total Schedule Amount | 9(15) | 44-58 | Must equal Total Schedule Amount (item 17) in 04 Record.<br><br>Right justify, zero pad. Valid characters are “0-9".<br><br>Note: last two digits are implied cents. |
| 7. Record Code | X(1) | 59-59 | Must equal **C**. |

**********

**Note: If the second position of the Summary Payment Codes item in the 04 record equals M (Mixed Check/ACH), follow the instructions for items 8 thru 12 and see note after item 12.**

**IF this is not a Mixed Summary Schedule, then blank fill items 8 thru 12.**

**********

| | | | |
|---|---|---|---|
| ***8. Filler** | X(310) | 60-369 | Blank Fill.<br><br>**Note: the size of this field is reduced from 356 positions to accommodate items 9 thru 12.** |
| ***9. Total Number of Checks** | X(8) | 370-377 | **Total number of check payments on the corresponding Mixed bulk file.**<br><br>**Required** if second position of Summary Payment Codes item in 04 record equals **M**, otherwise blank fill.<br><br>If used, right justify, zero pad. Valid characters are “0-9". |
| ***10. Total Dollar Amt. of Checks** | X(15) | 378-392 | **Total dollar amount of check payments on the corresponding Mixed bulk file.**<br><br>**Required** if second position of Summary Payment Codes item in 04 record equals **M**, otherwise blank fill.<br><br>Note: last two digits are implied cents.<br><br>If used, right justify, zero pad. Valid characters are “0-9".<br><br>**Note: Position changed from 379 to 378 on 12/17/02.** |

RECORD NAME : Summary Totals 09 Schedule Control Record

DATA ELEMENT DESCRIPTION

| ITEM | FORMAT | POSITION | EDIT CRITERIA |
|---|---|---|---|
| *11. Total Number of EFTs | X(8) | 393-400 | **Total number of EFT payments on the corresponding Mixed bulk file.**<br><br>**Required** if second position of Summary Payment Codes item in 04 record equals M, otherwise blank fill.<br><br>If used, right justify, zero pad. Valid characters are “0-9". |
| *12. Total Dollar Amt. of EFTs | X(15) | 401-415 | **Total dollar amount of EFT payments on the corresponding Mixed bulk file.**<br><br>**Required** if second position of Summary Payment Codes item in 04 record equals M, otherwise blank fill.<br><br>If used, right justify, zero pad. Valid characters are “0-9".<br><br>Note: last two digits are implied cents. |

**********

**Note: If second position of Summary Payment Codes item in 04 record equals M, then the sum of items 9 and 11 must equal the Total Number of Payments (item 16) in the 04 record and the sum of items 10 and 12 must equal the Total Schedule Amount (item 17) in the 04 record.**

**********

| | | | |
|---|---|---|---|
| 13. ASAID | X(8) | 416-423 | Blank Fill. |
| 14. ACOID | X(8) | 424-431 | Blank Fill. |
| 15. MAC | X(9) | 432-440 | Blank Fill. |

RECORD NAME : Summary Totals 99 Schedule Trailer Record

*** Note: this record is no longer required, however if used, items must meet edit criteria defined below.**

DATA ELEMENT DESCRIPTION

| ITEM | FORMAT | POSITION | EDIT CRITERIA |
|---|---|---|---|
| 1. Record Type | 9(2) | 1-2 | Must equal 99. |
| 2. Record Number | 9(6) | 3-8 | Must equal 000003. |
| *3. Schedule Number | X(14) | 9-22 | Must equal Schedule Number in 01 record. |
| 4. Filler | X(393) | 23-415 | Blank Fill. |
| 5. ASAID | X(8) | 416-423 | Blank Fill. |
| 6. ACOID | X(8) | 424-431 | Blank Fill. |
| 7. MAC | X(9) | 432-440 | Blank Fill. |

# SDPR Header Records

RECORD NAME : SDPR 01 Transmission Header Record

DATA ELEMENT DESCRIPTION

| ITEM | FORMAT | POSITION | EDIT CRITERIA |
|---|---|---|---|
| 1. Record Type | 9(2) | 1-2 | Must equal 01. |
| 2. Transmission Number | X(6) | 3-8 | Blank Fill. |
| *3. Schedule Number | X(14) | 9-22 | **Positions 1-4 must be blank. Valid characters for positions 5-14 are "0-9", "A-Z", or dash (-). Leading blanks are valid. Embedded and trailing blanks are invalid.** |
| 4. Date/Time | X(12) | 23-34 | Blank Fill. |
| 5. FPA ID | X(4) | 35-38 | Blank Fill. |
| 6. FPA PC # | X(2) | 39-40 | Blank Fill. |
| 7. Filler | X(2) | 41-42 | Blank Fill. |
| *8. RFC Identifier | X(3) | 43-45 | Blank Fill. |
| | | | **Note: RFC Identifier is no longer required and FMS will ignore any data in this field.** |
| 9. ALC | 9(8) | 46-53 | Valid Agency Location Code. |
| *10. DOS Filename | X(12) | 54-65 | Blank Fill. |
| | | | **Note: DOS Filename is no longer required and FMS will ignore any data in this field.** |
| 11. Filler | X(351) | 66-416 | Blank Fill. |
| 12. Payment Type | X(1) | 417-417 | Must equal **D**. |
| 13. Payment Sub-Type | X(1) | 418-418 | Must be blank. |
| 14. Filler | X(22) | 419-440 | Blank Fill. |

RECORD NAME : SDPR 02 Agency Location Code (ALC) Control Record

*** Note: this record is no longer required, however if used, items must meet edit criteria defined below.**

DATA ELEMENT DESCRIPTION

| ITEM | FORMAT | POSITION | EDIT CRITERIA |
|---|---|---|---|
| 1. Record Type | 9(2) | 1-2 | Must equal 02. |
| 2. Record Number | 9(6) | 3-8 | Must equal 000001. |
| *3. Schedule Number | X(14) | 9-22 | Must equal Schedule Number in 01 record. |
| 4. Filler | X(13) | 23-35 | Blank Fill. |
| 5. ALC | 9(8) | 36-43 | Must equal ALC in 01 record. |
| 6. Filler | X(11) | 44-54 | Blank Fill. |
| 7. Record Code | X(1) | 55-55 | Must equal **&** (ampersand). |
| 8. Filler | X(360) | 56-415 | Blank Fill. |
| 9. ASAID | X(8) | 416-423 | Blank Fill. |
| 10. ACOID | X(8) | 424-431 | Blank Fill. |
| 11. MAC | X(9) | 432-440 | Blank Fill. |

RECORD NAME : SDPR 03 Agency Billing Address Control Record

*** Note: this record is no longer required, however if used, items must meet edit criteria defined below.**

DATA ELEMENT DESCRIPTION

| ITEM | FORMAT | POSITION | EDIT CRITERIA |
|---|---|---|---|
| 1. Record Type | 9(2) | 1-2 | Must equal 03. |
| 2. Record Number | 9(6) | 3-8 | Must equal 000002. |
| *3. Schedule Number | X(14) | 9-22 | Must equal Schedule Number in 01 record. |
| 4. Zero Constant | 9(13) | 23-35 | Must equal zeros. |
| 5. Filler | X(19) | 36-54 | Blank Fill. |
| 6. Record Code | X(1) | 55-55 | Must equal **A**. |
| 7. Agency Name | X(25) | 56-80 | Name of Agency. |
| 8. Address Line 1 | X(25) | 81-105 | Agency billing address.<br>**Note: billing address encompasses Address Line 1, Address Line 2, and Address Line 3 items. If less than 3 lines, blank fill remaining items. Last significant line used should contain City, State, and Zip Code** |
| 9. Address Line 2 | X(25) | 106-130 | See note in Address Line 1 item. |
| 10. Address Line 3 | X(25) | 131-155 | See note in Address Line 1 item. |
| 11. Agency Telephone | X(10) | 156-165 | Agency telephone number (area code and number). |
| 12. Filler | X(250) | 166-415 | Blank Fill. |
| 13. ASAID | X(8) | 416-423 | Blank Fill. |
| 14. ACOID | X(8) | 424-431 | Blank Fill. |
| 15. MAC | X(9) | 432-440 | Blank Fill. |

# SDPR Payment Records

RECORD NAME : SDPR 04 Schedule Header Record

DATA ELEMENT DESCRIPTION

| ITEM | FORMAT | POSITION | EDIT CRITERIA |
|---|---|---|---|
| 1. Record Type | 9(2) | 1-2 | Must equal 04. |
| 2. Sequence Number | 9(6) | 3-8 | Must equal 000001. |
| *3. Schedule Number | X(14) | 9-22 | Must equal Schedule Number in 01 record. |
| 4. Same Day Payment Date | X(8) | 23-30 | Valid format is MMDDYYYY. Must be a valid date. |
| 5. ALC | 9(8) | 31-38 | Must equal ALC in 01 record. |
| 6. CO Name | X(25) | 39-63 | Blank Fill. |
| 7. CO Phone No. | X(10) | 64-73 | Blank Fill. |
| *8. Grand Total | 9(13) | 74-86 | Sum of the individual payment amounts from the 05 payment records.<br>Right justify, zero pad.<br>Valid characters are “0-9" and must be greater than zero.<br>Note: last two digits are implied cents.<br>**Note: this item is no longer used. FMS will ignore data in this field.** |
| *9. Number of Payments | 9(2) | 87-88 | Total number of 05 payment records in the schedule.<br>Right justify, zero pad.<br>Valid characters are “0-9" and must be greater than zero.<br>**Note: this item is no longer used. FMS will ignore data in this field.** |
| 10. Appropriation Remarks Line 1 | X(40) | 89-128 | **Optional.** Blank Fill if not used.<br>See Keyboard ASCii Character Set Table for valid characters. |
| 11. Appropriation Remarks Line 2 | X(40) | 129-168 | **Optional.** Blank Fill if not used.<br>See Keyboard ASCii Character Set Table for valid characters. |
| 12. Appropriation Remarks Line 3 | X(40) | 169-208 | **Optional.** Blank Fill if not used.<br>See Keyboard ASCii Character Set Table for valid characters. |
| 13. Appropriation Remarks Line 4 | X(40) | 209-248 | **Optional.** Blank Fill if not used.<br>See Keyboard ASCii Character Set Table for valid characters. |
| 14. Record Code | X(1) | 249-249 | Must equal **B.** |
| 15. Filler | X(166) | 250-415 | Blank Fill. |
| 16. ASAID | X(8) | 416-423 | Blank Fill. |
| 17. ACOID | X(8) | 424-431 | Blank Fill. |
| 18. MAC | X(9) | 432-440 | Blank Fill. |

RECORD NAME : SDPR 05 Payment Record

DATA ELEMENT DESCRIPTION

| ITEM | FORMAT | POSITION | EDIT CRITERIA |
|---|---|---|---|
| 1. Record Type | 9(2) | 1-2 | Must equal 05. |
| 2. Payment Number | 9(6) | 3-8 | The first payment number in the schedule must be 000001 with each subsequent payment number incremented by 1.<br><br>**Note: Maximum number of 05 payment records is 60.** |
| *3. Schedule Number | X(14) | 9-22 | Must be same as Schedule Number in 01 record. |
| 4. Receiving ABA Number | 9(9) | 23-31 | ABA (RTN) number of receiving financial institution.<br><br>Valid characters are “0-9". |
| *5. Receiving ABA Name | X(18) | 32-49 | Name of receiving financial institution.<br><br>**Note: this item is no longer required. FMS will ignore data in this field.** |
| *6. Receiving ABA City | X(15) | 50-64 | City name for location of receiving financial institution.<br><br>**Note: this item is no longer required. FMS will ignore data in this field.** |
| *7. Receiving ABA State | X(2) | 65-66 | State code for location of receiving financial institution.<br><br>**Note: this item is no longer required. FMS will ignore data in this field.** |
| 8. Type Code | 9(2) | 67-68 | Funds Transfer type.<br><br>Valid Codes are:<br><br>10 - Standard Funds Transfer<br>15 - Foreign Funds Transfer |
| 9. Product Code | X(4) | 69-72 | Identifies payment receipient as customer or bank<br><br>Valid Codes are:<br><br>“CTR/” - Receipient is a customer<br>“BTR/” - Receipient is a bank |
| *10. Beneficiary Bank (BBK) | X(51) | 73-123 | Name of Beneficiary Bank.<br><br>**Required** if Product Code equals “BTR/”.<br>**Optional** if Product Code equals “CTR/”.<br><br>Valid characters are: “A-Z”, “0-9", “&”, “=”, “,”, “.”, “?”, “-“, “$”, or space. Leading spaces are invalid.<br><br>Blank Fill if not used. |
| *11. BBK ABA Number | 9(9) | 124-132 | **Zero Fill. This item is no longer required and FMS will ignore data in this field.** |

RECORD NAME : SDPR 05 Payment Record

DATA ELEMENT DESCRIPTION

| ITEM | FORMAT | POSITION | EDIT CRITERIA |
|---|---|---|---|
| 12. BNF | X(47) | 133-179 | Name of Customer or Bank receipient.<br><br>**Required** if Product Code equals “CTR/” or Depositor Account Number is not blank.<br><br>Blank Fill if not used.<br><br>Valid characters are: “A-Z”, “0-9", “&”, “=”, “,”, “.”, “?”, “-“, “$”, or space. Leading spaces are invalid. |
| 13. Depositor Account Number | X(17) | 180-196 | **Optional**. Blank Fill if not used.<br><br>Valid characters are A-Z, 0-9, or dash (-). Trailing blanks are valid. Leading or embedded blanks are not valid. |
| 14. BBK Remarks | X(72) | 197-268 | Remarks field used to convey payment information to receiving customer or bank.<br><br>**Optional.** Blank Fill if not used.<br><br>If used and Product Code equals “BTR/”, then first four characters must be “BBI=”.<br><br>If used and Product Code equals “CTR/”, then first four characters must be “OBI=”.<br><br>Valid characters for positions 5-72 are: “A-Z”, “0-9", “&”, “=”, “,”, “.”, “?”, “-“, “$”, “(“, “)”, or space. |
| 15. RFB | X(16) | 269-284 | Reference for payment information.<br><br>**Optional**. Blank Fill if not used.<br><br>Valid characters are A-Z, 0-9, dash (-), or space. **Note: Space character added on 12/17/02.** |
| 16. Payment Remarks 1 | X(50) | 285-334 | Additional field used to convey payment information to receiving customer or bank.<br><br>**Optional.** Blank Fill if not used.<br><br>Valid characters are: “A-Z”, “0-9", “&”, “=”, “,” “.”, “?”, “-“, “$”, “(“, “)”, or space. |
| 17. Payment Remarks 2 | X(50) | 335-384 | Additional field used to convey payment information to receiving customer or bank.<br><br>**Optional.** Blank Fill if not used.<br><br>Valid characters are: “A-Z”, “0-9", “&”, “=”, “,” “.”, “?”, “-“, “$”, “(“, “)”, or space. |
| *****18. Payment Amount | 9(12) | 385-396 | Amount of Payment. Right justify, zero pad.<br><br>Valid characters are “0-9".<br><br>Note: last two digits are implied cents. |

**Note: This field was increased by 1 position to accommodate the capability for larger payment amounts. Item 19 was reduced by 1 position in order to add 1 position to item 18.**

RECORD NAME : SDPR 05 Payment Record

DATA ELEMENT DESCRIPTION

| ITEM | FORMAT | POSITION | EDIT CRITERIA |
|---|---|---|---|
| *19. Filler | X(8) | 397-404 | Blank Fill. |
| | **This item was reduced from 9 to 8 positions to allow for 1 position increase in Item 18.** | | |
| 20. Payee ID/TIN | X(9) | 405-413 | Payee's Taxpayer Identification Number, Vendor ID, SSN, or other valid Payee ID. This field is required for Treasury debt offset.<br><br>First position must be equal to "0-9", "A-Z", or dash (-) and for positions 2 thru 9, valid characters are "0-9", "A-Z", dash (-), or blanks. |
| 21. Filler | X(1) | 414-414 | Blank Fill. |
| 22. TOP Offset Eligibility | X(1) | 415-415 | Valid characters are **Y** (payment is eligible for Treasury Offset) or **N** (not eligible for offset). |
| 23. ASAID | X(8) | 416-423 | Blank Fill. |
| 24. ACOID | X(8) | 424-431 | Blank Fill. |
| 25. MAC | X(9) | 432-440 | Blank Fill. |

# SDPR Trailer Records

RECORD NAME : SDPR 09 Schedule Control Record

*** Note: this record is no longer required, however if used, items must meet edit criteria defined below.**

DATA ELEMENT DESCRIPTION

| ITEM | FORMAT | POSITION | EDIT CRITERIA |
|---|---|---|---|
| 1. Record Type | 9(2) | 1-2 | Must equal 09. |
| 2. Record Number | 9(6) | 3-8 | One number higher than payment number in last 05 record. |
| *3. Schedule Number | X(14) | 9-22 | Must equal Schedule Number in 01 record, |
| 4. Constant Nines | 9(11) | 23-33 | Must equal nines. |
| 5. Total Number of Payments | 9(7) | 34-40 | Must equal the total number of 05 records.<br>Right justify, zero pad. |
| *6. Total Schedule Amount | 9(14) | 41-54 | Must equal the sum of all Payment Amounts in 05 records.<br>Right justify, zero pad.<br>Note: last two digits are implied cents. |
| | **Note: this item was increased by 1 position to allow for the increase in individual payment amounts by 1 position. Item 8 was reduced by 1 position to compensate for increase in this item.** | | |
| 7. Record Code | X(1) | 55-55 | Must equal **C** |
| *8. Filler | X(360) | 56-415 | Blank Fill. |
| | **This item was reduced in size by 1 position to compensate for the increase in size of item 6.** | | |
| 9. ASAID | X(8) | 416-423 | Blank Fill. |
| 10. ACOID | X(8) | 424-431 | Blank Fill. |
| 11. MAC | X(9) | 432-440 | Blank Fill. |

RECORD NAME : SDPR 99 Schedule Trailer Record

*** Note: this record is no longer required, however if used, items must meet edit criteria defined below.**

DATA ELEMENT DESCRIPTION

| ITEM | FORMAT | POSITION | EDIT CRITERIA |
|---|---|---|---|
| 1. Record Type | 9(2) | 1-2 | Must equal 99. |
| 2. Record Number | 9(6) | 3-8 | One number higher than record number in 09 Schedule Control Record. |
| *3. Schedule Number | X(14) | 9-22 | Must equal Schedule Number is 01 record. |
| 4. Filler | X(393) | 23-415 | Blank Fill. |
| 5. ASAID | X(8) | 416-423 | Blank Fill. |
| 6. ACOID | X(8) | 424-431 | Blank Fill. |
| 7. MAC | X(9) | 432-440 | Blank Fill. |