CONTRACT DATA REQUIREMENTS LIST

(1 Data Item)

Form Approved
OMB No. 0704-0188

The public reporting burden for this collection of information is estimated to average 110 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services and Communications Directorate (0704-0188). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. **Please do not return your form to the above organization. Send completed form to the Government Issuing Contracting Officer for the Contract/PR No. listed in Block E.**

A. CONTRACT LINE ITEM NO.	B. EXHIBIT	C. CATEGORY: TDP _____ TM _____ OTHER _____

D. SYSTEM/ITEM	E. CONTRACT/PR NO.	F. CONTRACTOR
	HT9402-10-C-0002	

1. DATA ITEM NO.	2. TITLE OF DATA ITEM	3. SUBTITLE	17. PRICE GROUP
N/A	D010 Non-Financially Underwritten Contractor Payment/Check Issue Report		NSP

4. AUTHORITY *(Data Acquisition Document No.)*	5. CONTRACT REFERENCE	6. REQUIRING OFFICE	18. ESTIMATED TOTAL PRICE
N/A	RFP Section G	TMA-CRM	0.00

7. DD 250 REQ	9. DIST STATEMENT REQUIRED	10. FREQUENCY	12. DATE OF FIRST SUBMISSION
NO	B	DAILY	See Block 16
8. APP CODE		**11. AS OF DATE**	**13. DATE OF SUBSEQUENT SUBMISSION**
N/A		O	See Block 16

16. REMARKS

Block 12 - Report will be required upon the start of claims processing
Block 13 - Required with each cycle.

The contractor shall provide a Contractor Payment/Check Issue Report indicating payments issued for each cycle or approved release. The occurrence of this report is cycle dependent, but could occur as often as daily. Voided/Staledated payments must also be reported as negative amounts in this same format.

This shall be submitted electronically thru the B2B Gateway. Format is attached.

14. DISTRIBUTION

a. ADDRESSEE	b. COPIES Draft	Final Reg	Final Repro
Submit through the B2B Gateway			
15. TOTAL →	0	0	0

G. PREPARED BY	H. DATE	I. APPROVED BY	J. DATE
Carol L. McCourt		Laura L. Sells	

Reset

PAYMENT/CHECK ISSUE REPORT REQUIREMENTS

Submitted through the B2B Gateway.

HEADER

Column Nbr	Field	Data size	TEDS ELN#	
1	Record type indicator (H = Header)	1	H	
2	Batch/Voucher ASAP Account Number	8	0-025	Non-Financially Underwritten - ASAP ID number assigned to contractor by TMA, CRM. Financially Underwritten - Use an abbreviated Contractor Name/Number (assigned by TMA, CRM)
3	TMA Authorization Number	8		e.g. 20050601 for first cycle in June
4	Record Count	6		Number of Records on this submission
5	Total Amount of Check Run	11		

DETAIL RECORDS

CHECKS/EFT

Column Nbr	Field	Data size	TEDS ELN# Institutional/ Non-Institutional	
1	Record type indicator	1	D	
2	Batch/Voucher ASAP Account Number	8	0-025	Same as Header
3	Bank Account Number	10		Actual Contractor Bank Account
4	Check Number/EFT Trace Number	11		leave blank for any extra spaces
5	Check Payment Date	8		YYYYMMDD
6	Payee	50		leave blank for any extra spaces
7	Payee Tax ID/Provider Number	18	1-200/2-240	leave blank for any extra spaces
8	Interest Paid	11	1-145/2-112	Optional
9	Government Paid Amount	11	1-140/2-205	If Interest is not listed separately, should include in the Government Paid Amount Field