

TO: (Check one)  <input type="checkbox"/> OEO (Office of Earnings Operations)  <input type="checkbox"/> OF (Office of Finance)	<b>FEE TRANSMITTAL REGISTER</b>
	DATE

NO	SOCIAL SECURITY NUMBER	NAME OF REMITTER (FIRST) (LAST)	\$ AMOUNT	RECEIPT NUMBER	CHECK OR MONEY ORDER NO.	SERVICE REQUESTED
1.						
2.						
3.						
4.						
5.						
6.						
FOLD HERE						
7.						
8.						
9.						
10.						
TOTAL \$ AMOUNT						

REMARKS:

FO FOLLOW UP DATE:	DATE VERIFICATION RECEIVED IN FO:
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INSTRUCTIONS:

Once the form is completed and signed by the FO:

(1) Mail original and first copy to OF or OEO per GN 02403.012.

(2) Retain second copy until fees have been verified.

(3) Follow up after 45 days if verification has not been received.

(4) If credit card used, attach authorization (e.g., SSA-1414)

FOLD  
HERE

FO USE ONLY		OEO/OF USE ONLY	
FO CODE	SIGNATURE OF REMITTANCE CLERK	AUTHORIZED SIGNATURE	
SIGNATURE OF SUPERVISOR		PRINT NAME	
PHONE NO. (Required)	FAX NO.	PHONE NO.	DATE

FROM

ATTN: MANAGER

TO: (Check one)  <input type="checkbox"/> OEO (Office of Earnings Operations)  <input type="checkbox"/> OF (Office of Finance)	<b>FEE TRANSMITTAL REGISTER</b>  DATE
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