OEO (Office of Earnings Operations)				FEE TRANSMITTAL REGISTER DATE				
NO	SOCIAL SECURITY NUMBER	NAME OF REMITTER (FIRST) (LAST)	\$ AMOUNT	RECEIPT NUMBE	CHECK OR MONEY ORDER NO.	SERVICE REQUESTED		
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FOLI		Once the form is complet (1) Mail original and first (2) Retain second copy u (3) Follow up after 45 day	copy to OF or OEC ntil fees have been s if verification ha	O per GN 02403.012 n verified. is not been received				
HERI		(4) If credit card used, att	acn authorization		TO/OF HOE ONLY			
FO USE ONLY FO CODE SIGNATURE OF REMITTANCE CLERK			AUTHOR	OEO/OF USE ONLY AUTHORIZED SIGNATURE				
SIGNATURE OF SUPERVISOR				PRINT NAME				
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ATTN: MANAGER								
Form SSA-414-U3 (08-2011) EF (08-2011)			Origina	I				

OEO (Office of Earnings Operations) OF (Office of Finance)				FEE TRANSMITTAL REGISTER DATE				
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TO: (Check one) OEO (Office of Earnings Operations) OF (Office of Finance)					FEE TRANSMITTAL REGISTER				
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FO USE ONLY				OEO/OF USE ONLY					
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