AGENCY REQUEST FOR ADJUSTMENT/OPAC CHARGE-BACKS TO FBF RENT BILLINGS									CONTROL NUMBER		
(Read Inst					Comp	letina)					
(110aa 1110							MER AGENCY				
1. AGENCY/BUREAU NAME   2A. AGENCY/BUREAU CODE   2B. AGENCY ACCOUNT NUMBER   3. BILL NUMBER									LL NUMBER		
4A. PROPERTY ID 4B	. CBR NUME	BER	4C. CITY	4C. CITY			4D. STATE CODE	5. MC	ONTH AND YEAR OF BILLING		
OA ARE VOU OURMITTING AN OF OR	0.004040	II IOTA (ENIT.)	OLIQUED FOR	D 01145	205.040	1400	OD AMOUNT OF		TMENT DECUECTED		
6A. ARE YOU SUBMITTING AN SF-238, SIBAC ADJUSTMENT VOUCHER FOR CHARGE-BACKS?								6B. AMOUNT OF ADJUSTMENT REQUESTED			
YES NO							\$				
7. CHECK APPROPRIATE BOX TO EXPLAIN THE CORRECT							1				
A. AGENCY/BUREAU CODE	D. RATES G. C					DNGRESSIONAL REDUCTION J. OTHER (Specify)					
B. AGENCY/BUREAU NAME	E	E. RENT EXEMPTIONS				H. TRUST FUND REDUCTION					
C. CONGRESSIONAL ASSIGNME	NT F	F. SQUARE FOOT ASSIGNMENT				I. VACATED SPACE					
8. EXPLAIN REASON FOR REQUEST	(Include effe	ctive dates)									
9A. CUSTOMER AGENCY CONTACT (Typed name)	9B. TELEPHONE NUMBER				9C. FAX NUMBER		9D. DATE				
(Typou name)											
SECTION II - TO BE (	OMDI ET	ED BY DE	GIONAL C	EEIC	E AND	DETIIDNE	TO GSA FINA	NCE	FORT WORTH TY:		
SECTION II - 10 BE (							RAL OFFICE	,	TORT WORTH, TX,		
10. THE ABOVE REQUEST FOR	ACTIONS	NO BEEN NE	VIEWED AND			O ACTION TA	KEN (moduce enecov		or adjustments)		
11. THE ABOVE REQUEST FOR	ACTION HA	S BEEN REVI	EWED AND N	IO ACTI	ION WILL	BE TAKEN FO	OR THE FOLLOWIN	G REAS	SONS:		
12. OTHER ACTION TAKEN:											
13A. CERTIFYING OFFICIAL (Typed no	ame and sign	nature)				13B. D.	ATE				
13C. TITLE						13D. TI	13D. TELEPHONE NUMBER				
	OR CENTRAL		CE								
LANGUAGE TO BE STATED ON REBILLING (if any) QTR./FY							NT TO BE REBILLED	)			
ALLOW REBILL CODE 1 2 7 8						\$					
APPROVED BY GSA (Typed name and signature)  DATE							HONE NUMBER				

#### **GENERAL INSTRUCTIONS - SECTION I**

Section I of this form is to be completed by GSA customer agency whenever it requests an adjustment or OPAC chargeback, for an agency's Federal Buildings Fund rent bill. A form should be completed for each assignment in question. The customer agency should then forward the form to the appropriate GSA regional office when requesting only adjustments. If you are submitting a SF 238, SIBAC Adjustment Voucher for Charge-Backs, mail the entire to:

General Services Administration
Office of Finance - Accounts Receivable Branch
819 Taylor Street - 7BCAP
Fort Worth, TX 76102

### SPECIFIC INSTRUCTIONS - SECTION I TO BE COMPLETED BY CUSTOMER AGENCY

- 1. Enter the name of the occupying bureau within the agency.
- 2A. Enter the 4-digit code unique to your agency.
- 2B. For On-line Payment and Collection (OPAC) agencies, enter the Department of Treasury number identifying the account of the agency from which the GSA rent charges are drawn. Also referred to as 8-digit station symbol, or Agency Location Code (ALC).
- 3. Enter the month of the billing.
- 4A. Enter the unique number identifying properties and facilities for whom the occupying agency is being billed.
- 4B. & C. Self-explanatory.
- Self-explanatory.
- 6. Check the appropriate box. If YES, the requesting agency will process an OPAC to take an immediate credit. If NO, the requesting agency is submitting this form to the regional office for an adjustment on the current bill or subsequent rent bill.
- 6B. Enter the dollar amount that you are charging back to GSA.
- 7. & 8. Self-explanatory.
- 9A D. Self-explanatory. All blocks **must** be filled in.

#### **GENERAL INSTRUCTIONS - SECTION II**

This section will be completed after research and verification by the GSA regional office, as to the type of adjustment that will be made, If you have questions, on the adjustment, please contact the certifying official listed in Block 13A. A copy of this form is forwarded to the Requesting Agency.

# SPECIFIC INSTRUCTIONS - SECTION II TO BE COMPLETED BY REGIONAL OFFICE AND RETURNED TO THE REQUESTING AGENCY AND GSA, PBS, CENTRAL OFFICE

- 10. If any adjustment has been made, check the first box and explain the nature of the adjustment. Also include the effective date of adjustment.
- 11. If any adjustment request has been denied, check the second box and explain the reasons for the denial.
- 12. If some other action has been taken, check the third box and explain the nature of the action taken.
- 13A. D. Self-explanatory. All blocks **must** be filled in.

## GENERAL INSTRUCTIONS - SECTION III TO BE COMPLETED BY REGIONAL OFFICE OR CENTRAL OFFICE ONLY

Rebilling Language to be Stated on Monthly Billing (If any) - These billing codes will alert the agency as to whether the rebilling of the chargeback is for a prior year, current year, or some other type of billing adjustment. The dollar amount of the rebilling, the month the rebilling was accomplished, as well as the approver of the rebill action with his/her telephone number will appear on the form.