Accounts Payable (AP) Return of Funds Form

Page 2 provides instructions on how to complete this form

Deposit Ticket:_____

Purchase Order (PO) #:_____

Line item on PO:_____

If PO is closed/de-obligated, provide the accounting string below.

G/L account (BOC)	Cost Center	Functional Area	WBS (if applicable)	Fund	Amount to apply to accounting string
				Total to be applied	

FBMS Vendor CODE:_____ **(REQUIRED)**

Signature of Authorized Personnel:_____

Date:_____

Phone:_____

Email Address:_____

Instructions for Completing the AP Return of Funds Form

This form is used to apply funds when a vendor has been overpaid or there is a refund that is returned to Indian Affairs (IA) from a vendor. Once the form is completed, it should be attached to an email and sent to Jason Plossl at Jason.plossl@bia.gov.

1) **Deposit Ticket** - To be completed by Accounting Operations-Reston.

2) **Purchase Order (PO) #** - PO number funds are to be applied if the PO is open and used.

3) **Line item on PO** - Line(s) funds are to be applied on the PO if the PO is still open and payments have been made from it.

4) **If PO is close/de-obligated** - Provide accounting string information in the table as follows (possibly more than one line of accounting (LOA)):
   - **G/L account (BOC)**: IE. 6100.252y0
   - **Cost Center**: AABB00n00
   - **Functional Area**: A0E99999.999900
   - **Work Breakdown Structure (WBS)**: If applicable. The WBS is provided by the Financial Business Management System (FBMS) Contracting Office Representative (COR).
   - **Fund**: 189X
   - **Amount to apply to accounting string**: Enter the dollar amount.
   - **Total amount to be applied**: This is the total amount to be applied to the PO or to the LOA.

5) **FBMS vendor code** – This code is a requirement. It is located in FBMS.

6) **Signature of authorized personnel** – This is the authorized person for the PO, such as the FBMS ACQ_COR: Contracting Office Representative/Approving Official.

7) **Date** - Date the form is signed.

8) **Phone** – This is the phone number of the Authorized Person who signed the form.

9) **Email Address** – This is the work email address of the Authorized Person who signed the form.