



**OREGON STATEWIDE
PAYROLL SERVICES (OSPS)**
(503) 378-3518 Fax
Email:
Accountant2.osps@das.oregon.gov
Online Resource Center:
<http://go.usa.gov/bEJk>

For OSPS Use Only

Employee Payments:

___ Payment Logged
___ P140 Req # ___

If BT, also:

SFMA verified ___
 P370 / P070 checked
for duplicates

Vendor Negative:

Returned to Agency
 Vendor Neg Entry

For OSPS Use Only

Received Date Stamp

**INSTRUCTIONS TO
PAYROLL OFFICES:**

1. Complete this form online at
<http://go.usa.gov/BVNG>
2. For BT payments:
Submit electronically using the email submit button (**this button will activate after you've filled the BT# field**).
3. For physical payments:
Print, sign and send completed form with payment to OSPS.

PAYMENT NOTIFICATION FORM

Use this form to submit payment to OSPS–Payroll System Support.

Except for BT transfer verification and P190 corrective flags, we do not pre-audit. OSPS–PSS presumes that agencies initiate payments only as a necessary and appropriate transaction.

If the employee's negative balance is less than the payment you're submitting, the remainder will be paid to the employee on the next payroll run unless offset by agency action.

This Payment is For:

- Insurance Premiums or Employee Negative (Complete Sections A, B, and D)
 Vendor Negative (Complete all Sections)
◆ Invoice Payment – **form not required**; see invoice for payment detail

Section A: Payment Method

SFMA Balance Transfer BT# _____

Section B: Payment Detail

EMPLOYEE INFORMATION		VENDOR INFORMATION (Name) or <input type="checkbox"/> N/A	
Last Name	First Name		
Employee ID No. (no SSN) OR _____		OSPA Vendor Deduction Code (4 chars)	
Agency No.	Post Payment to Pay Period Ending * (one per form):	P190 Set? * <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Payment Amt

* If P190 is not set for a closed pay period at the time we receive this form, OSPS will process the payment into the current open pay period with no further notice

Section C: Vendor Negative Documentation (or N/A)

There must be a negative total balance for the deduction code at the time of payment. Please reference the XREF76 Deduction Register that shows the negative total balance:

Pay Period	Page No.	Deduction Pkg	Deduction Type Total
<input type="checkbox"/> Run 1			
<input type="checkbox"/> Run 2			

Section D: Submitted By

Use your signature for print version, or email address for electronic submission.

Signature: _____ Date: _____

Optional: Agency Notes Area

BT INSTRUCTIONS:

Employee Premiums/Negatives:

- a. Use T codes 714 / 715.
Description=Employee ID & Last Name (at minimum). Zero-fill invoice number.
- b. 714: vendor #/mc = 1931116396-020
- c. 715: PCA=99712

Vendor Negatives:

- a. Use T codes 714 / 715.
Description="Vendor Negative". Zero-fill invoice number.
- b. 714: vendor #/mc = 1931116396-020
- c. 715: PCA=99712

~ ~ ~ *Please do not use staples. Paper-clip the payment, or leave loose in envelope. Thanks for your help.* ~ ~ ~