

**PAYMENT WITHDRAWAL FROM SETOFF REQUEST
(DISBURSING AGENCY USE ONLY)**

FROM: _____

DATE: _____

TITLE: _____

PHONE #: _____

E-MAIL ADDRESS: _____

AGENCY: _____

The payment identified by the following CARS coding should be withdrawn from setoff because either: (1) the Vendor Identification Number was coded incorrectly, (2) the payment should not have been made, or (3) this type of payment has been determined to be ineligible for setoff.

Vendor Indicator and EIN or SSN: _____
("E", "S" or "T" and 9 digit number)

Vendor Name: _____

Transaction ID Number: _____
(agency #, batch date, batch type, batch #, sequence #)

Transaction Amount: \$ _____

Withdraw this payment for the following reason (check **one** only):

- * _____ Vendor submitted incorrect EIN or SSN
- * _____ Disbursing agency submitted incorrect EIN or SSN
- * _____ EIN or SSN was keyed incorrectly
- _____ Incorrect vendor indicator. It should have been E, S, P, F, or G. (Circle one)
- _____ Payment is ineligible for setoff, because _____
- _____ Payment should not have been made (Explain) _____
- _____ Other (Explain) _____

* If payment is withdrawn for one of the first three reasons above, please provide:

Correct Vendor Indicator and EIN or SSN: _____

Source of proof of correct EIN/SSN: _____
(Pre-printed invoice, W-9, Social Security Card, etc.)

* I certify that the source of the incorrect EIN or SSN from which the coding for this payment was obtained (CARS Vendor Edit Table, vendor's file, etc.) has been updated and now reflects the correct EIN or SSN and that payments made in the future will reflect the correct EIN or SSN.

(Signature)

(Date)

ATTACHED IS DOCUMENTATION SUPPORTING THE REASON FOR WITHDRAWAL

PAYMENT WITHDRAWAL FROM SETOFF REQUEST

SUBMISSION OF WITHDRAWAL FORM TO DOA

Please send this withdrawal form and any supporting documentation to Joan Matanic (**phone: 804-692-0257**) using **one of the following 4** methods:

- 1) **U.S. Mail:** Department of Accounts
Attention: Joan Matanic – 3rd floor
P.O. Box 1971
Richmond, VA 23218-1971

- 2) **Fax:** To: Joan Matanic
Fax number: 804-225-4250

- 3) **Interagency Mail:** Department of Accounts
Attention: Joan Matanic
101 North 14th Street
3rd Floor
Richmond, VA 23219-3684

- 4) **E-mail an attached file to:** Joan.Matanic@doa.virginia.gov

NOTE for E-mail submissions: If you prefer sending the withdrawal form via e-mail, please be sure to email all the supporting documentation as well. Withdrawals cannot be processed without the proper supporting documentation.