



**PAYMENT WITHDRAWAL FROM
COMPTROLLER'S DEBT SETOFF REQUEST
(DISBURSING AGENCY USE ONLY)**

I. Requester Information

Name: _____ Date: _____
 Agency: _____ Title: _____
 Email Address: _____ Phone #: _____

II. Supplier Information

The payment identified by the following Cardinal coding should be withdrawn from setoff because either:
 (1) the Supplier 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.

Supplier ID: _____
(10 digit number)
 Supplier Name: _____
 Transaction ID: _____
(Business Unit, Voucher ID, and Invoice ID required)
 Transaction Amount: _____

III. Withdrawal Information

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

- * Supplier submitted incorrect EIN or SSN
- * Disbursing agency submitted incorrect EIN or SSN
- * Supplier ID was keyed incorrectly
- Payment is ineligible for setoff (Explain) _____
- Payment should not have been made (Explain) _____
- Other (Explain) _____

*If payment is withdrawn for one of the first three reasons above, please provide:

Correct Supplier ID: _____
(10 digit number)

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

IV. Certification

I certify that the information above is correct. If the cause of the offset was due to an incorrect EIN or SSN, I certify that the source from which the coding for this payment was obtained (Cardinal Supplier Table, Supplier'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. I also acknowledge that this request is in accordance with Commonwealth Accounting Policies and Procedures Manual Topic 20325.

 SIGNATURE

 DATE

**Instructions for Payment Withdrawal from Comptroller's Debt Setoff Request
(DISBURSING AGENCY USE ONLY)**

Complete all Sections in their entirety to ensure the setoff request is successfully processed. Any incomplete forms will be returned to the agency. Please **DO NOT** include any sensitive data on this form (e.g. Social Security Number or Employer Identification Number).

Section I. Requester Information – This section must be completed by a Cardinal Voucher Approver.

Section II. Supplier Information – This section should not include any EINs or SSNs. The Supplier ID field should be the 10-digit Cardinal Supplier Identification number.

Section III. Withdrawal Information – Select only one reason for which the payment should be withdrawn and provide additional information where necessary.

Section IV. Certification – This section must be signed and dated by the Requester from Section I above.

Please send this withdrawal form and any supporting documentation to the Department of Accounts, Comptroller Debt Setoff (CDS) Coordinator using **one of the following** methods.

Note: If any supporting documentation contains sensitive data, please send securely through an encrypted Email or to the U.S. Mail address listed below.

- 1) **Email:** cds@doa.virginia.gov
- 2) **U.S. Mail:** Department of Accounts
Attention: CDS Coordinator
P.O. Box 1971
Richmond, VA 23218-1971
- 3) **Interagency Mail:** Department of Accounts
Attention: CDS Coordinator
101 North 14th Street
3rd Floor
Richmond, VA 23219-3638