



TOP Reversal Request
Department of Accounts
(Disbursing Agency Use Only)

FORM MUST BE TYPED

TOP Payment Information

Payment Reference: _____ Payment Date: _____ Amount: _____

Original Payment Information

Payee Supplier ID: _____ Payee Name: _____

Business Unit: _____ Voucher ID: _____

Reason for Request

- Incorrect TIN Payment made in error Ineligible for Offset

Description: _____

Please attach any additional documentation to support the reason provided.

Agency Certification

I certify that the information above is correct. If the cause of the offset was due to an incorrect TIN (SSN or EIN), 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 TIN and that payments made in the future will reflect the correct TIN. I also acknowledge that this request is in accordance with Commonwealth Accounting Policies and Procedures (CAPP) Manual Topic 20325.

Name: _____ Agency: _____

Title: _____

Email Address: _____ Phone #: _____

Signature: _____ Date: _____

DOA Use Only

Reason Review Date: _____ Reason Reviewer's Signature: _____

Process Date: _____ Processor's Signature: _____

Reviewed Date: _____ Reviewer's Signature: _____

Notes:

*** DO NOT include any sensitive information (e.g., Social Security Number, Employer Identification Number) on this form. ***

**Instructions for TOP Reversal Request Form
(Disbursing Agency Use Only)**

Purpose:

To request the U.S. Treasury to return one, or multiple, Treasury Offset Program (TOP) payments. To certify to the Department of Accounts (DOA) that a payment should be returned because the Supplier Taxpayer Identification Number (TIN) was coded incorrectly, the payment should not have been made, or the purpose for the payment is ineligible for offset. The requestor acknowledges that this request is in accordance with Commonwealth Accounting Policies and Procedures (CAPP) Manual Topic 20325.

Form Instructions:

Complete all information requested in each section to ensure the TOP Reversal Request can be successfully processed. If any section is incomplete, the form will be returned to the agency. Please **DO NOT** include any sensitive data on this form (e.g., Social Security Number (SSN) or Employer Identification Number (EIN)). Please enter all information as displayed in Cardinal FIN.

Preparation and Submission:

TOP Payment Information

Enter the Payment Reference, Payment Date, and Amount for the offset. This information will be for the payment to the U.S. Treasury on behalf of the Supplier. This information can be found on the RAP581 Report or in Cardinal on the voucher "Payments" tab.

Original Payment Information

Enter the Payee Supplier ID, Payee Name, Business Unit, and Voucher ID for the Voucher that was offset. This is the payment to the Supplier that was offset. **DO NOT** include the TIN on the form.

Reason for Request

Check the box that indicates why the offset should be reversed.

Enter a short description to support the Reason selected on the description line. If additional information is needed to support the Reason for Request, it should be attached to the form.

Agency Certification

The form should be signed by an agency employee who has a Cardinal FIN Voucher Approver role. The form will be accepted with an electronic (Adobe) or wet signature. By signing the form, the signor certifies that all information presented on the form is correct and that the TOP Reversal Request is necessary.

Please send the TOP Reversal Request form and any supporting documentation to DOA, Disbursement Execution and Review, at disb@doa.virginia.gov. The email must come from the Cardinal FIN Voucher Approver.

Note: If any supporting documentation contains sensitive data, please send securely via encrypted email.