

ITS Payment Package Coversheet

for ASAP Waived Foreign Financial Assistance Recipients

Please fill in the requested information in order to provide the Interior Business Center (IBC) with the appropriate information to process payments to FINANCIAL ASSISTANCE with foreign banks using U.S. Treasury's International Services (ITS). Failure to provide required information or PIV signatures from Program Office or authorizing official will result in delay of payment. Once completed, submit this form along with the SF-270/271, Request for Advance or Reimbursement to:

Program Contact Information: _____

****ALL foreign Financial Assistance recipients' payment request must be initiated through the responsible program Office. IBC will not accept payment request directly from foreign recipients***

SECTION 1: BASIC INFORMATION

AWARD NUMBER: _____ AMOUNT: _____

Payment Request Period of Performance: _____

SECTION 2: FOREIGN RECIPIENT BASIC INFORMATION

Foreign Recipient Name: _____

Foreign Recipient POC (ph, email): _____

LOCATION (city, province/state,country): _____

SECTION 3: FOREIGN RECIPIENT BASIC: U.S CORRESPONDENT BANK INFORMATION

Foreign Recipient Bank Name: _____

Foreign Recipient Bank Location (city, State): _____

ABA Number: _____

Account Number: _____

Financial POC (ph, email): _____

SECTION 4: FOREIGN BANK INFORMATION

Foreign Recipient Bank Name: _____

SWIFT CODE: _____ Branch Code, if applicable _____

Foreign Recipient Bank Location (full address): _____

Account Number / IBAN: _____

Name / Account Title: _____

Financial POC (ph, email): _____

SECTION 5: PROGRAM OFFICE VERIFICATION – PIV signatures required for this section

Please check box: (failure to provide info will result on delay or rejection of request):

Is this a first-time payment for Foreign Recipient: YES* NO

IF this is a first-time payment to this entity, has banking information been confirmed via **phone**
with Foreign Recipient CFO: YES*

* If this is a new Foreign Recipient that a payment has not been previously issued to, **written documentation on company letterhead from Foreign Recipient CFO** MUST be provided along with coversheet. Please insert PIV signature in the space below (by signing you are confirming the information above is accurate and required research has been completed for authorizing payment).

Has the Foreign Recipient banking info changed from previous payment: Yes* No**

IF this is a banking change for this entity, confirmation that Banking info has been confirmed via
phone with Foreign Recipient CFO: Yes*

*IF the banking info has changed, **written documentation on company letterhead from Foreign Recipient CFO** MUST be provided along with coversheet. A secondary PIV signature is required below by a management official at the Program Office (signature confirming that research has been completed and authorization of payment)

**If the banking info has not changed from the previous payment, only a primary PIV signature is required below

PRIMARY PIV Signature: _____

SECONDARY PIV Signature: _____

SECTION 6: IBC VERIFICATION – PIV signatures required for this section

Was request submitted by program office: YES NO

Is this a first-time payment request: YES* NO

Has the banking info changed from last payment (from ITS): Yes* No

IF ITS coversheet contains a change in banking info or is a first-time payment to a Foreign Recipient, has a signed letter from the Foreign Recipient CFO on company letterhead been provided with the payment package: Yes No N/A

Does recipient bank location reside in same country as recipient: YES NO

Technician PIV Signature (by signing this you are confirming that all information has been researched and confirmed):

SECTION 7: IBC SUPERVISOR VERIFICATION – PIV Signature required for this section ONLY if there was a banking change identified from the previous payment

Supervisor has validated with the responsible Program Office that associated banking change is appropriate.

PIV Signature: _____