

OSA Form 20:
Reservation of Funds for Telecommunications Services

RESERVATION OF FUNDS FOR TELECOMMUNICATIONS SERVICES	Order No.: 1	Amendment No.: 2
	Date: 3	
Ordering Agency: Has Address Changed? Yes <input type="checkbox"/> No <input type="checkbox"/> 4	Supplying Agency: DEFENSE TELECOMMUNICATIONS SERVICE-WASHINGTON ATTN: RESOURCES BRANCH RETURN TO: SUITE 1475 5 1700 N. MOORE STREET ARLINGTON, VA 22209	
Submit Billings to: Has Address Changed? Yes <input type="checkbox"/> No <input type="checkbox"/> 6	Funds Chargeable: 7	
Request telecommunication service be furnished through Defense Telecommunications Service-Washington for the period indicated below. The estimate cost of this order will be adjusted at such time as the original amount is found to be inadequate or excessive. At the date of expiration for obligation of the funds to which this order is charged, the amount of the order will be adjusted to the amount of the charges accrued on that date.		
DESCRIPTION OF SERVICES TO BE PERFORMED: For telecommunications services furnished through the Department of Defense consolidated telephone system during the period shown below.		
Period Covered By This Order: 8 Estimated Costs For The Fiscal Year: (By Quarter)	Amount of This Order: 9	
QTR: AMOUNT: 1..... 2..... 3..... 4..... FY Total:.....	RETURN NLT: 10	
I certify that the services listed above are properly chargeable to the cited funds, the available balance of which is sufficient to cover the cost thereof.		
Typed Name and Grade of Certifying Officer: 11 Point-of-Contact: 12 Telephone Number	Signature of Certifying Officer: 13 Date:	
Services will be furnished as requested, subject to revision of estimated costs as actual use of the service indicated.		
Defense Telecommunications Service-Washington 14	Signature: DTS-W 15 Date:	

The following is a detailed explanation of OSA Form 20 and what information is required for the form to be processed:

BLOCK #1 – Order Number. This block contains a 9-digit number. The first four digits indicate the fiscal year. The next four digits indicate the customer identification or Billing Account Code (BAC). The last digit indicates the quarter of the fiscal year. For example, Order Number 200400121 would be FY 2004, BAC 12, 1st Quarter. **Note:** Leave this block blank when requesting a new BAC.

BLOCK #2 – Amendment Number. This block is used only when adjustment to the original form is necessary, per quarter. For example: If \$15,000 were obligated each quarter, the total amount would be \$60,000. During the fiscal year any increase or decrease in telecommunications activity will change the obligation amount and require an amended Form 20 to be initiated.

BLOCK #3 – Date. Identifies the actual date the form was completed and forwarded to you, the customer, for processing.

BLOCK #4 – Ordering Agency Address. This block contains the official name and address of the agency receiving the telecommunications service. Any corrections to the agency name or address must be made in this block, "yes" checked and should be the same as the TSCO (ordering agent).

BLOCK #5 – Supplying Agency. Describes where the Forms 20 should be returned for processing, as well as supporting documents.

BLOCK #6 – Submit Billings To. This block contains the organization name and address of the certifying/budget/comptroller office. Applicable vendor invoices will be mailed to this address. Again, any corrections to the agency name or address must be made in this block and "yes" checked.

Block #7 – Fundschargeable. This block contains the fund citation/line of accounting from which monthly billings will be paid or reimbursed. Any corrections or changes must be made clearly and concisely in this block. Please make sure to identify your Document Reference Number (DRN) and the Fiscal Station Number (FSN) so that DFAS, IN can charge your fund site correctly.

BLOCK #8 – Period Covered by this Order. This area will be preprinted with the actual dates that the OSA Form 20 will cover, i.e., 1 Oct 03 - 31 Dec 03. Under "QTR" and "AMOUNT" will be the quarterly amounts DTS-W recommends be reserved (based on previous years' spending.) Additionally, no changes will be made to prior quarters once that quarter ends. Once reservations for each of the first three quarters is past, they are "final". Prior quarters will not be adjusted because the funds are cumulative and adjustments can be made in the fourth quarter.

FOR EXAMPLE:

QTR	AMOUNT
1	\$15,000 \$16,500
2	\$15,000
3	\$15,000
4	<u>\$15,000</u>
FY TOTAL	\$61,500

(Changes/adjustments must be coordinated/justified to DTS-W keeping in mind "unbilled " service.)

BLOCK #9 – Amount of this Order. The actual amount to be obligated for the quarter is entered in this space.

BLOCK #10 – Return NLT Date. This block indicates the date that the OSA Form 20 is due back to DTS-W. Delay in returning the Form 20 will result in a "Hold Status" and no orders will be processed.

BLOCK #11 – Typed Name and Grade of Certifying Officer. The name and telephone number of the certifying officer will be annotated in this block.

BLOCK #12 – Point of Contact. An additional name and telephone number of a representative for your agency must appear in this block to resolve any discrepancies with the Form 20.

BLOCK #13– Signature of Certifying Officer. Signature of official identified in Block #10.

BLOCK #14 – Defense Telecommunications Service - Washington. This block is preprinted with the name of the 'FUNDING' point of contact at DTS-W.

BLOCK #15 – Signature & Date: DTS-W. Signature of official authorized to accept order. (Used only by DTS-W).