

# REQUEST FOR ORIGINATING OFFICE NUMBER ACTION

**Block 1, Type Action.** Enter the appropriate 1-position, alpha action code.

**R = Request.** This code is used to request an originating office number (OON) from the National Finance Center (NFC) and to establish the related agency data in the OON file.

**C = Change.** This code is used to change or correct the address, accounting station, and telephone number of an existing originating office location.

**D = Delete.** This code is used to delete an OON and related data from the file.

**Block 2, System Code.** Enter the appropriate 2-position system indicator for the system which the OON will be utilized.

**61 = Travel System**

**68 = Miscellaneous Payments System**

**Block 3, Effective Date.** Enter the effective date of the action.

**Originating Office Number.**

**Block 4, Department Code.** Enter the 2-position, alpha department code (e.g., AG = Department of Agriculture).

**Block 5, Agency Code.** Enter the 2-position, alphanumeric code.

**Block 6, Servicing Or Agency Specified Code.** Enter your 2-position, alphanumeric agency code, or agency specified code.

**Block 7, NFC Assigned Or Agency Specified Number.** If you entered:

**Action Code R,** leave blank if NFC assigned. Enter code if agency specific.

**Action Code C or D,** enter the 4-position, numeric code that was assigned to the originating office location.

**Certifying Officer Number** (Action Code R only). Blocks 8 through 17.

For use in the Miscellaneous Payments System, enter the 10-position Certifying Officer number that corresponds to the OON being established.

**New, Old.** If you entered:

**Action Code R,** complete **New** to identify the agency office that is to be assigned an OON. Leave **Old** blank.

**Action Code C,** complete **New** to show the new agency address, accounting station, and telephone number. Enter the old agency address, accounting station, and telephone number in **Old**.

**Action Code D,** leave **New** blank. Complete **Old** to identify the agency and related data that is to be deleted.

**Blocks 18 and 25, Agency Name.** Enter the name of the agency (maximum of 35 positions).

**Blocks 19 and 26, Accounting Station Code.** Enter the 4-position, number accounting station code.

**Blocks 20 and 27, Agency Address.** Enter the street or PO Box address (maximum of 35 positions).

**Blocks 21 and 28, City.** Enter the city name (maximum of 15 positions).

**Blocks 22 and 29, State.** Enter the 2-position, alpha state code.

**Blocks 23 and 30, ZIP Code.** Enter the 5- or 9-position, ZIP Code.

**Blocks 24 and 31, Telephone Number.** Enter the area code and telephone number of the agency office identified above.

**Block 32, Authorized Signature and Title.** Must be signed before NFC will process the transaction.

| ACTION CODES   |                    |                   |                       |                                    | FOR NFC USE ONLY                          |                    |   |   |  |
|--|--------------------|-------------------|-----------------------|------------------------------------|---|--------------------|---|---|--|
| R = Request  |                    | C = Change        |                       | D = Delete                         |   |                    |   |   |  |
| 1. TYPE ACTION (1)   | 2. SYSTEM CODE (2) | 3. EFFECTIVE DATE |                       |                                    | ORIGINATING OFFICE NUMBER                 |                    |   |   |  |
|  |                    | MONTH<br>(2)      | DAY<br>(2)            | YEAR<br>(2)                        | 4. DEPARTMENT<br>CODE (2)                 | 5. AGENCY CODE (2) | 6. SERVICING<br>OR AGENCY<br>SPECIFIED CODE (2) | 7. NFC ASSIGNED OR AGENCY SPECIFIED<br>NUMBER (4) |  |
| <b>CERTIFYING OFFICER NUMBER</b> (System Indicator 68 only) (10) |                    |                   |                       |                                    |   |                    |   |   |  |
| 8.   |                    | 9.                |                       | 10.                                |   | 11.                |   | 12.   |  |
| 13.  |                    | 14.               |                       | 15.                                |   | 16.                |   | 17.   |  |
| <b>NEW</b>   |                    |                   |                       |                                    | <b>OLD</b>                                |                    |   |   |  |
| 18. AGENCY NAME (35)   |                    |                   |                       | 19. ACCOUNTING<br>STATION CODE (4) | 25. AGENCY NAME (35)                      |                    |   | 26. ACCOUNTING<br>STATION CODE (4)                |  |
| 20. AGENCY ADDRESS (35)  |                    |                   |                       |                                    | 27. AGENCY ADDRESS (35)                   |                    |   |   |  |
| 21. CITY (15)  |                    | 22. STATE (2)     | 23. ZIP CODE (5 or 9) |                                    | 28. CITY (15)                             |                    | 29. STATE (2)                                   | 30. ZIP CODE (5 or 9)                             |  |
| 24. TELEPHONE (Area Code and Number) (10)                        |                    |                   |                       |                                    | 31. TELEPHONE (Area Code and Number) (10) |                    |   |   |  |
| <b>32. AUTHORIZED SIGNATURE AND TITLE</b>                        |                    |                   |                       |                                    |   |                    |   |   |  |
|  |                    |                   |                       |                                    |   |                    |   |   |  |

FORM AD-956 (Revised 3/07)

**MAIL  
TO ►**

USDA NATIONAL FINANCE CENTER  
GESD, PAYROLL PROCESSING BRANCH  
QUALITY CONTROL STAFF  
PO BOX 60000  
NEW ORLEANS LA 70160

Use Of  
Window Envelope  
Is Optional