

3270 Report example headers – Excel Format

YEAR	EMPID	SSN	NAME					AGENCY				
2020	xxxxx2	xxxxxx014	GLOVER, JAMES, R					LOC	DHS LOC	CARD	ADDRESS	
								90011		N	1413 N WINDSURF WAY	
						PREM	PRE	POST				
CITY STATE ZIP			CARRIER	OPTION	COVERAGE	CONV	TAX	TAX	EMAIL			
OKLAHOMA CITY, OK 73127			DEP014	IDEP		1 N		0	4.71	jim@okcforum.org		

Net Deposit Report example – pdf format and excel format



Benefits Administration System
Net Deposit
All Agencies for the Plan Period: 2019
 For the Option; Dependent Daycare Account (BDDC)

BAS422R

Agency	Pre-Tax Deposits (\$)	Post-Tax Deposits (\$)	Total Debits (\$)	Net Deposits (\$)
ST 025 000 THE OKLAHOMA MILITARY DEPARTMENT	132.40	0.00	0.00	132.40
ST 300 000 STATE AUDITOR AND INSPECTOR	416.66	0.00	0.00	416.66

Duplicate Warrant Report



Benefits Administration System
Duplicate Payroll Warrants

BAS423RA

Agency ST 805 000 REHABILITATION SERVICES		Claim	Warrant	Option	Carrier	Pre-Tax Amt (\$)	Post-Tax Amt (\$)
SSN	Employee Name						
500014 5044	Michelle M. Rudesill	20050100	20510881005	IHEA	HEA114	363.84	0.00
500014 5044	Michelle M. Rudesill	20050100	20510881005	IHEA	HEA230	1,035.24	0.00

*** End of Report ***

Payroll Audit Exception



Benefits Administration System
Payroll Audit Exceptions
for Plan Period 2019

BAS423R5

Agency	ST 305 000	GOVERNOR									
Claim	SSN	Employee Name / Reason	Warrant	Pay Period	Option	Carrier	Payroll Total (\$)	Enroll Total (\$)	Enrolled	Note	
20060000	445-00-0700	MURRAY, J. F.	20540750092	B20	IDEN	DEN040	9.44	0.00	NO	*	
20060000	445-00-0700	MURRAY, J. F.	20540750092	B20	IDIS	DIS010	9.10	0.00	NO	*	
20060000	445-00-0700	MURRAY, J. F.	20540750092	B20	IHEA	HEA220	401.78	0.00	NO	*	
20060000	445-00-0700	MURRAY, J. F.	20540750092	B20	ILIF	LIF010	4.00	0.00	NO	*	