

INSTRUCTIONS FOR COMPLETING TEMPLATE FOR MULTIPLE COUNTY/CITY/TOWN SHIPPING and/or BILLING ADDRESSES

Column - Complete the rows according to the column headers:

- A** – UNIQUENAME - Always leave blank
- B** – NAME- your organization number preceded by an L, followed by your organization type (as selected during the online eVA registration process.) After these numbers, enter your address description followed by the specific division/office. (required)
- C** - LINES – the address, separated by a comma for a 2 line address. (required)
- D** - CITY – the city for the address in Column C (required)
- E** – STATE – the 2-digit state abbreviation (VA) for the address in Column C (required)
- F** - POSTALCODE – the 5 or 9 digit zip code for the address in Column C (required)
- G** – COUNTRY – always US
- H** - PHONE – the phone number for the address in Column C (must be in following format: (XXX) XXX-XXXX (required)
- I** - FAX – the fax number for the address in Column C (optional) (must be in following format: (XXX) XXX-XXXX
- J** - EMAIL – the email address associated with the address in Column C (optional)
- K** - URL – Leave blank
- L** - CLIENTID – Always EVA001 (required)
- M** - CLIENTNAME – Always S000EVALITE (required)
- N** - SHIPTOADDRESS – the letter **S** for shipping address or **B** for billing address (required)
- O** – ACTION – an **A** for additions, a **D** for deletes. (required)

After completion of your spreadsheet, name and save the file according to your office designation as noted in example: e.g. FairfaxCountySchools

Email completed spreadsheet to: david.foster@dgs.virginia.gov