United States Government

Interagency Agreement (IAA) – Agreement Between Federal Agencies Order Requirements and Funding Information (Order) Section

GT&C#	Order # A	mendment/Mod	I# Tracking N	Agency's Agreement Number (Optional)			
P	RIMARY ORG	ANIZATION/	OFFICE INFOR	MATION			
PRIMARY ORGANIZATION/OFFICE INFORMATION 24. Requesting Agency Servicing Agency							
Primary Organization/Office Name							
Responsible Organization/Office Address							
ORDER/REQUIREMENTS INFORMATION							
25. Order Action (Check One)							
New							
a performance period mod, state new performance period for this Order in Block 27. Fill out the Funding Modification Summary by Line (Block 26) if the mod involves adding, deleting or changing Funding for an Order Line. Cancellation – Provide a brief explanation for Order cancellation and fill in the Performance Period End Date for the effective cancellation date.							
26. Funding Modification Summary by Line	Line #	Line #	Line #	Total of All Other Lines (attach funding details)	Total		
Original Line Funding	\$	\$	\$	\$			
Cumulative Funding Changes					\$		
From Prior Mods [addition (+) or reduction (-)]	\$	\$	\$	\$	\$		
From Prior Mods [addition (+) or	\$	\$		\$			
From Prior Mods [addition (+) or reduction (-)]		'	\$		\$		
From Prior Mods [addition (+) or reduction (-)] Funding Change for This Mod	\$	\$	\$	\$	\$		
From Prior Mods [addition (+) or reduction (-)] Funding Change for This Mod TOTAL Modified Obligation	\$	\$	\$ \$ \$	\$	\$ \$ \$		

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28. Order Line/Funding Information								Line	Numbe	er		-				
				Reques	sting Ag	gency	y Fundi	ng		Ser	vicing	Agency	Fundin	g Info	rmation	l
				Requesting Agency Funding Information												
ALC		T T		1	1	ı	1			1	1	1	1	1	1	
Component	SP	ATA	AID	BPOA	EPOA	A	MAIN	SUB	SP	ATA	AID	BPOA	E POA	A	MAIN	SUB
TAS Required by 10/1/2014																
OR Current	ΓAS fo	ormat		ı	l	1	ı			ı	ı	ı	ı	1	l.	
BETC																
Object Class	Code	(Optional)														
BPN																
BPN + 4 (Op																
Additional A																
Classification (Optional)	1/Intor	mation														
Requesting A	Agency	Funding	g Expi	ration D	ate			Re	Requesting Agency Funding Cancellation Date							
MM-DD-YY	YYY							M	MM-DD-YYYY							
								1,11			-					
Project Num																
Description products/serv									Need 1	or this	s Orde	r (State	or attach	a des	scription	10
products, ser .	1000, 1			71111 11111	11000 10		014011)									
North American Industry Classification System (NAICS) Number (Optional)							T : C									
Breakdown of Reimbursable Line Costs Unit of Measure			OR			kdown of Assisted Acquisition Line Cost:										
		TT'4 T				4.1			ontract							
Quantity		Unit I	rice	Φ.	T(otal		Se	rvicing		\$					
				\$				Ob	ligated	Total l Cost	\$					
Overhead Fee	es & C	harges		\$					Advance for		\$					
Total Line A	al Line Amount Obligated \$				Li	ne (-)										
								Ne	t Total	l Cost	\$					
								Aa	riata d	A aguia	ition C		Face Err	mlomo:	tion	
Advance	Line	Assisted Acquisition Servicing Fe					rees ex	ріапа	поп							
Net Lii	ne Am	ount Due	2	\$												
Type of Service Requirements																
Sever	able S	ervice		Non-se	everable	Serv	vice	No	t Appli	icable						

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Office # Office # Timenament/for # Tracking Prantoet (Optional)						
29. Advance Information (Complete Block 29 if the Advance Payment for Products/Services was checked "Yes" on the GT&C.)						
Total Advance Amount for the Order \$ [All Order Line advance amounts (Block 28) must sum to this total.]						
Revenue Recognition Methodology (according to SFFAS 7) (Identify the Revenue Recognition Methodology that will be used to account for the Requesting Agency's expense and the Servicing Agency's revenue)						
Straight-line – Provide amount to be accrued \$ and Number of Months						
Accrual Per Work Completed – Identify the accounting posting period:						
Monthly per work completed & invoiced						
Other – Explain other regular period (bimonthly, quarterly, etc.) for posting accruals and how the accrual amounts will be communicated if other than billed.						
30. Total Net Order Amount: \$ [All Order Line Net Amounts Due for reimbursable agreements and Net Total Costs for Assisted Acquisition Agreements (Block 28) must sum to this total.]						
31. Attachments (State or list attachments.)						
Key project and/or acquisition milestones (Optional except for Assisted Acquisition Agreements) Other Attachments (Optional)						
BILLING & PAYMENT INFORMATION						
32. Payment Method (Check One) [Intra-governmental Payment and Collection (IPAC) is the Preferred Method.] If IPAC is used, the payment method must agree with the IPAC Trading Partner Agreement (TPA).						
Requesting Agency Initiated IPAC Servicing Agency Initiated IPAC						
Credit Card Other – Explain other payment method and reasoning						
33. Billing Frequency (Check One)						
[An Invoice must be submitted by the Servicing Agency and accepted by the Requesting Agency BEFORE funds are reimbursed (i.e., via IPAC transaction)]						
Monthly Quarterly Other Billing Frequency (include explanation)						
34. Payment Terms (Check One)						
7 days Other Payment Terms (include explanation):						

IAA Number		· -	Servicing Agency's Agreement			
GT&C#	Order#	Amendment/Mod #	Tracking Number (Optional)			
35. Funding Clauses/Instruc	ctions (Optional)	(State and/or list funding	g clauses/instructions.)			
36. Delivery/Shipping Inform	nation for Prod	ucts (Optional)				
Agency Name						
Point of Contact (POC) Name	& Title					
POC Email Address						
Delivery Address /Room Num	ber					
POC Telephone Number						
Special Shipping Information						
	APPRO	OVALS AND CONTAC	CT INFORMATION			
	ntified by the Red alfilled for this O		vicing Agency, must ensure that the scope of work is ial may or may not be the Contracting Officer depending on			
	Re	equesting Agency	Servicing Agency			
Name						
Title						
Telephone Number						
Fax Number						
Email Address						
SIGNATURE						
Date Signed						
38. FUNDING OFFICIALS - The Funds Approving Officials, as identified by the Requesting Agency and Servicing Agency, certify that the funds are accurately cited and can be properly accounted for per the purposes set forth in the Order. The Requesting Agency Funding Official signs to obligate funds. The Servicing Agency Funding Official signs to start the work, and to bill, collect, and properly account for funds from the Requesting Agency, in accordance with the agreement.						
	Re	equesting Agency	Servicing Agency			
Name						
Title						
Telephone Number						
Fax Number						
Email Address						
SIGNATURE						
Date Signed						

 $\text{FMS} \ \ ^{\text{Form}}_{04/12} \ 7600 \text{B}$

Servicing Agency's Agreement

IAA Number _____ - ___ - ____

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CONTACT INFORMATION							
FINANCE OFFICE Points of Contact (POCs) The finance office points of contact must ensure that the payment (Requesting Agency), billing (Servicing Agency), and advance/accounting information are accurate and timely for this Order.							
39.	Requesting Agency (Payment Office)	Servicing Agency (Billing Office)					
Name							
Title							
Office Address							
Telephone Number							
Fax Number							
Email Address							
Signature & Date (Optional)							
	Contacts (POCs) (as determined by each Agen TING Office Points of Contact (POCs).	cy)					
	Requesting Agency	Servicing Agency					
Name							
Title							
Office Address							
Telephone Number							
Fax Number							
Email Address							
Signature & Date (Optional)							
Name							
Title							
Office Address							
Telephone Number							
Fax Number							
Email Address							
Signature & Date (Optional)							
Name							
Title							
Office Address							
Telephone Number							
Fax Number							
Email Address							
Signature & Date (Optional)							