United States Government Ir

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

IAA Number		Amendment/Mod		Agency's Agreement			
GT&C #	Order#	Amendment/Mod	# Tracking N	Number (Optional)			
PRIMARY ORGANIZATION/OFFICE INFORMATION							
24.	R	equesting Agency	,	Servicing Age	ency		
Primary Organization/Office Name							
Responsible Organization/Office Address							
ORDER/REQUIREMENTS INFORMATION							
25. Order Action (Check One)							
New							
Modification (Mod) – List affected Order blocks being changed and explains the changes being made. For Example: for 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. Total of All							
26. Funding Modification Summary by Line	Line #	Line #	_ Line #	Other Lines (attach funding details)	Total		
Original Line Funding	\$	\$	\$	\$	\$		
Cumulative Funding Changes From Prior Mods [addition (+) or reduction (-)]	\$	\$	\$	\$	\$		
Funding Change for This Mod	\$	\$	\$	\$	\$		
TOTAL Modified Obligation	\$	\$	\$	\$	\$		
Total Advance Amount (-)	\$	\$	\$	\$	\$		
Net Modified Amount Due	\$	\$	\$	\$	\$		
27. Performance Period Start Date End Date For a performance period mod, insert the start and end dates that reflect the new performance period. End Date MM-DD-YYYY MM-DD-YYYY MM-DD-YYYY							

IAA Number													greement			
	G	T&C#		Orc	ler#	Ame	ndment/	Mod #	Ti	racking	g Numl	er (Opt	ional)			
28. Order Line/Funding Information								Line	Numbe	er		-				
	Requesting Agency Funding							Ser	vicing	Agency	Funding	g Info	rmation			
ALC Information							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	rmat			l					1						
BETC			1						1							
Object Class	Code ((Optional)														
BPN																
BPN + 4 (Op	tional))														
Additional A Classification (Optional)																
Requesting A	gency	Funding	g Expi	ration D	ate			Re	Requesting Agency Funding Cancellation Date							
MM-DD-YY	YYY							\overline{M}	MM-DD-YYYY							
Project Num	ıber &	Title														
Description of Products and/or Services, including the Bona Fide Need for this Order (State or attach a description of products/services, including the bona fide need for this Order.)																
North Americ	can Inc	łustry C	lassific	ation Sy	/stem (N	VAIC	CS) Num	ber (O	ntiona	1)						
North American Industry Classification System (NAICS) Number (Op Breakdown of Reimbursable Line Costs OR																
Unit of Meas	sure							C		t Cost						
Quantity		Unit l	Price		To	otal		Se	rvicing	g Fees	\$					
				\$				Oh	ligated	Total 1 Cost	\$					
Overhead Fee	es & C	harges		\$				_	Advan		\$					
Total Line A	mount	Obligate	ed	\$					Line (-)							
								Ne	t Tota	1 Cost	\$					
								Assisted Acquisition Servicing Fees Explanation								
Advance	Line A	Amount	(-)	\$				A Desisted A requisition Servicing Lees Explanation								
Net Lin	ne Amo	ount Due	e	\$												
Type of Service Requirements																
Sever	able Se	ervice		Non-se	everable	Serv	vice	No	t Appl	icable						

IAA Number Servicing Agency's Agreement						
GT&C # Order # Amendment/Mod # Tracking Number (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 NumberGT&C #	- Order #	- Amendment/Mod #	Servicing Agency's Agreement
GI&C#	Order#	Amenament/Moa #	Tracking Number (Optional)
35. Funding Clauses/Instruc	etions (Optional)	(State and/or list funding	g clauses/instructions.)
36. Delivery/Shipping Inform	mation 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			
	APPR	OVALS AND CONTAC	CT INFORMATION
25 PD 0 CD 1 M 0 EDICI 1		O VILLS III D COIVIII	
37. PROGRAM OFFICIAL The Program Officials, as idea		questing Agency and Ser	rvicing Agency, must ensure that the scope of work is
properly defined and can be fu	ulfilled for this C		cial may or may not be the Contracting Officer depending on
each agency's IAA business p	1		
77	R	equesting Agency	Servicing Agency
Name			
Title			
Telephone Number			
Fax Number			
Email Address			
SIGNATURE Date Signed			
	The French Acces		Sind by the Description Assessment Combine Assessment for
			ified by the Requesting Agency and Servicing Agency, certify per the purposes set forth in the Order. The Requesting
•			Funding Official signs to start the work, and to bill, collect,
and properly account for fund	s from the Requ	esting Agency, in accord	ance with the agreement.
	R	equesting Agency	Servicing Agency
Name			
Title			
Telephone Number			
Fax Number			
Email Address			
SIGNATURE			
Date Signed			

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IAA Number	Serv	ricing Agency's Agreement							
GT&C#	Order # Amendment/Mod # Trac	king Number (Optional)							
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 Agend	av)							
This may include CONTRACT	FING Office Points of Contact (POCs).	, , , , , , , , , , , , , , , , , , , ,							
	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)									