# **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-YYYYY MM-DD-YYYY MM-DD-YYYY MM-DD-YYYYY MM-DD-YYYYY MM-DD-YYYYY MM-DD-YYYYY MM-DD-YYYYY MM-DD-YYYY MM-DD-YYYYY MM-DD-YYYY MM-DD-YYY MM-DD-YYY MM-DD-YYY MM-DD-YY									

IAA Number													greement			
GT&C # Order # Amendment/Mod # Tracking Number (Optional)																
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														
<b>Description of Products and/or Services, including the Bona Fide Need for this Order</b> (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 Measure				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 Amount Obligated \$ Line (-)																
								Ne	t Tota	1 Cost	\$					
Assisted Acquisition Servicing Fees Explanation																
Advance	Line A	Line Amount (-) \$														
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)						
<b>29. Advance Information</b> (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.]						
<b>Revenue Recognition Methodology</b> (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 Tracking Number (Optional)					
GI&C#	Order #	Amendment/Mod #	Tracking Number (Optional)					
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35. Funding Clauses/Instruc	tions (Optional)	(State and/or list funding	g clauses/instructions.)					
36. Delivery/Shipping Information for Products (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					
27 PROCEAM OFFICIAL		0 1125 1115						
<b>37. PROGRAM OFFICIAL</b> The Program Officials, as idea		questing Agency and Ser	rvicing Agency, must ensure that the scope of work is					
		order. The Program Offic	ial may or may not be the Contracting Officer depending on					
each agency's IAA business p	1		Comining Annual					
Name	K	equesting Agency	Servicing Agency					
Title								
Telephone Number								
Fax Number								
Email Address								
SIGNATURE								
Date Signed								
38. FUNDING OFFICIALS	- The Funds App	roving Officials, as identi	fied by the Requesting Agency and Servicing Agency, certify					
·			per the purposes set forth in the Order. The Requesting					
and properly account for fund			Funding Official signs to start the work, and to bill, collect, 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		Servicing Agency's Agreement						
GT&C#	Order # Amendment/Mod #	Tracking 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 Offic	e) Servicing Agency (Billing Office)						
Name								
Title								
Office Address								
Telephone Number								
Fax Number								
Email Address								
Signature & Date (Optional)								
	Contacts (POCs) (as determined by each TING Office Points of Contact (POCs).	Agency)						
	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)								