### **United States Government**

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

IAA Number				ncy's Agreement				
GT&C#	Order # An	nendment/Mod #	Tracking Num	ber (Optional)				
Pl	RIMARY ORGA	NIZATION/OF	FICE INFORMA	TION				
24.	Requ	esting Agency		Servicing Agency				
Primary Organization/Office Name								
Responsible Organization/Office Address								
ORDER/REQUIREMENTS INFORMATION								
25. Order Action (Check One)								
New								
Modification (Mod) – List aff a performance period mod, state ner Summary by Line (Block 26) if the	w performance pe	riod for this Order	r in Block 27. Fill	out the Funding M	Iodification			
Cancellation – Provide a brief effective cancellation date.	explanation for O	rder cancellation a	and fill in the Perfo	ormance Period End	Date for the			
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 (-)]	\$	\$	\$	\$	\$			
Funding Change for This Mod	\$	\$	\$	\$	\$			
TOTAL Modified Obligation	\$	\$	\$	\$	\$			
Total Advance Amount (-)	\$	\$	\$	\$	\$			
Net Modified Amount Due	\$	\$	\$	\$	\$			
27. Performance Period  For a performance period mod, insert the start and end dates that reflect the new performance period  Start Date Date of last signature MM-DD-YYYY  MM-DD-YYYY  MM-DD-YYYY								

IAA Number Servicing Agency's Agreement																
GT&C # Order # Amendment/Mod # Tracking Number (Optional)																
28. Order Line/Funding Information						Line Number										
				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	questin	ng Age	ncy Fu	nding C	ancellati	on Da	te	
MM-DD-YY	YYY							M	MM-DD-YYYY							
								1,11			-					
Project Num																
<b>Description</b> 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 Americ						NAIC	CS) Num					C A		• -• 4 • -	T : C	
Breakdown of Reimbursable Line Costs Unit of Measure				OR		Breakdown of Assisted Acquisition Line Cost:										
		TT'4 T				4.1										
Quantity		Unit I	rice	Φ.	T(	otal		Se	rvicing		\$					
				\$				Ob	ligated	Total l Cost	\$					
Overhead Fee	es & C	harges		\$						ce for	\$					
Total Line A	mount	Obligate	ed	\$			Line (-)									
								Ne	t Total	l Cost	\$					
								Aa	riata d	A aguia	ition C		Face Err	mlomo:	tion	
Advance	Advance Line Amount (-)  Advance Line Amount (-)  Assisted Acquisition Servicing Fees Explanation															
Net Lii	ne Am	ount Due	2	\$												
Type of Serv	vice Ro	equirem	ents													
Sever	able S	ervice		Non-se	everable	Serv	vice	No	t Appli	icable						

IAA Number Servicing Agency's Agreement  GT&C # Order # Amendment/Mod # Tracking Number (Optional)						
Of the π Of the π Amendment/viola π Tracking Pulmoet (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 Number		. <b>-</b>	Servicing Agency's Agreement				
GT&C#	Order#	Amendment/Mod #	Tracking Number (Optional)				
35. Funding Clauses/Instructions (Optional) (State and/or list funding 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							
	APPRO	OVALS AND CONTAC	CT INFORMATION				
37. PROGRAM OFFICIALS  The Program Officials, as identified by the Requesting Agency and Servicing Agency, must ensure that the scope of work is properly defined and can be fulfilled for this Order. The Program Official may or may not be the Contracting Officer depending on each agency's IAA business process.							
	Re	equesting Agency	Servicing Agency				
Name							
Title							
Telephone Number							
Fax Number							
Email Address							
SIGNATURE							
Date Signed							
<b>38. FUNDING OFFICIALS</b> - 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							

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Servicing Agency's Agreement

IAA Number \_\_\_\_\_ - \_\_\_ - \_\_\_\_

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 Agen TING Office Points of Contact (POCs).	cy)					
	<b>Requesting Agency</b>	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)							