# **United States Government**

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

IAA Number		A 1 (/A.f. 1		gency's Agreement					
GT&C #	Order#	Amendment/Mod a	# Tracking Ni	umber (Optional)					
PRIMARY ORGANIZATION/OFFICE INFORMATION									
24.	Re	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									Se	ervicin	g Agen	cy's Ag	reement			
	GT&C # Order # Amendment/Mod # Tracking Number (Optional)															
28. Order Line/Funding Information							Line Number									
	Requesting Agency Funding Information								Servicing Agency Funding Information							
ALC			_L													
Component	SP	ATA	AID	BPOA	EPOA	A	MAIN	SUB	SP	ATA	AID	BPOA	E POA	A	MAIN	SUB
TAS Required by 10/1/2014																
	E L C C															
OR Current	IAS to	ormat	<u> </u>													
BETC	C 1	(a														
Object Class	Code (	(Optional)														
BPN + 4 (On	4: - m = 1\															
BPN + 4 (Op																
Additional A Classification																
(Optional)	.,															
Requesting A	gency	Funding	g Expi	ration D	ate			Re	Requesting Agency Funding Cancellation Date							
MM-DD-YY	YYY							$\overline{\mathbf{M}}$	MM-DD-YYYY							
Project Num	nher &	Title														
Description			ıd/or S	Services	. includ	ing (	the Bon	a Fide	Need	for this	s Orde	r (State	or attach	a des	cription	of
products/serv												(			Γ.	
Nanth Amani	T	J.,	:C-	ation C-	t (A	IAIC	CO Mana	h an (O		1)						
North Americ					,	AIC	S) Num	OR			lown o	f Assist	ad Aggu	isitio	n Line C	
Breakdown of Reimbursable Line Costs Unit of Measure					ontrac		sown o	1 Assist	eu Acqu	1811101	n Line C	OSt.				
		TT '4 T	D		T	4 1										
Quantity		Unit I	Price		10	otal		Se	rvicing		\$					
				\$				Ot	ligated	Total l Cost	\$					
Overhead Fees & Charges \$					Advan		\$									
Total Line Amount Obligated \$					Li	ine (-)										
								No	et Tota	l Cost	\$					
					As	Assisted Acquisition Servicing Fees Explanation										
Advance Line Amount (-) \$																
Net Line Amount Due \$																
Type of Service Requirements																
Severable Service Non-severable Service No						No	t Appli	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				
GI&C#	Orger#	Amenament/Mod #	Tracking Number (Optional)				
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							
	A DDD	OVALS AND CONTAC	CT INFORMATION				
		OVALS AND CONTAC	ET INFORMATION				
<b>37. PROGRAM OFFICIAL</b> 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						
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	ified 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)							