IAA Number			- 0000 -	
_	GT&C	#	Order#	Amendment/Mod #

	DEPARTMENT AND/OR AGENCY									
1.		Requesting Agency of Products/Services	Servicing Agency Providing Products/Services							
	Name									
	Address									
2. Service	2. Servicing Agency Agreement Tracking Number (Optional)									
3. Assist	3. Assisted Acquisition Agreement Yes No									
] <b>A</b>	<ul> <li>4. GT&amp;C Action (Check action being taken)         New         Amendment — Complete only the GT&amp;C blocks being changed and explain the changes being made.     </li> <li>Cancellation — Provide a brief explanation for the IAA cancellation and complete the effective End Date.</li> </ul>									
5. Agree	5. Agreement Period Start Date End Date of IAA or effective cancellation date Start Date Start Date Find Date of IAA or effective cancellation date									
6. Recurring Agreement (Check One) A Recurring Agreement will continue, unless a notice to discontinue is received.  Yes If Yes, is this an: Annual Renewal Other Renewal State the other renewal period:  No										
	ment Type (		tiple Order IAA							
If Yes is	checked, ente	ments Allowed for this IAA (Check One) Yes er Requesting Agency's Statutory Authority Title and one e amounts will be captured on each related Order.	No Citation							

IAA NumberGT&C #	<u>- 0000 -</u> Order # Amendment/Mod #
GI&C #	Order # Amendmen/Mod #
9. Estimated Agreement Amou	nt (The Servicing Agency completes all information for the estimated agreement amount.)
(Optional for Assisted Acquisit	ions)
Direct Cost	Provide a general explanation of the Overhead Fees & Charges
Overhead Fees & Charges	
Total Estimated Amount	
10. STATUTORY AUTHORIT	TY
	rity (Check One) orking Economy Act Other ital Fund (31 U.S.C. 1535/FAR 17.5) Authority
Fill in Statutory Authority Title	e and Citation for Franchise Fund, Revolving Fund, Working Capital Fund, or Other Authority
	ty (Check One) orking Economy Act Other ital Fund (31 U.S.C. 1535/FAR 17.5) Authority
Fill in Statutory Authority Title	e and Citation for Franchise Fund, Revolving Fund, Working Capital Fund, or Other Authority
11. Requesting Agency's Scope	(State and/or list attachments that support Requesting Agency's Scope.)
	r the Requesting Agency and Servicing Agency (State and/or list attachments for the roles and g Agency and the Servicing Agency.)

IAA Number Order # Amendment/Mod #								
13. Restrictions (Optional) (State and/or attach unique requirements and/or mission specific restrictions specific to this IAA).								
14. Assisted Acquisition Small Business Credit Clause (The Servicing Agency will allocate the socio-economic credit to the Requesting Agency for any contract actions it has executed on behalf of the Requesting Agency.)								
<b>15. Disputes:</b> Disputes related to this IAA shall be resolved in accordance with instructions provided in the Treasury Financial Manual (TFM) Volume I, Part 2, Chapter 4700, Appendix 10; Intragovernmental Business Rules.								
16. Termination (Insert the number of days that this IAA may be terminated by written notice by either the Requesting or Servicing Agency.)								
If this agreement is canceled, any implementing contract/order may also be canceled. If the IAA is terminated, the agencies shall agree to the terms of the termination, including costs attributable to each party and the disposition of awarded and pending actions.								
If the Servicing Agency incurs costs due to the Requesting Agency's failure to give the requisite notice of its intent to terminate the IAA, the Requesting Agency shall pay any actual costs incurred by the Servicing Agency as a result of the delay in notification, provided such costs are directly attributable to the failure to give notice.								
17. Assisted Acquisition Agreements – Requesting Agency's Organizations Authorized To Request Acquisition Assistance for this IAA. (State or attach a list of Requesting Agency's organizations authorized to request acquisition assistance for this IAA.)								
18. Assisted Acquisition Agreements – Servicing Agency's Organizations authorized to Provide Acquisition Assistance for this IAA. (State or attach a list of Servicing Agency's organizations authorized to provide acquisition for this IAA.)								
19. Requesting Agency Clause(s) (Optional) (State and/or attach any additional Requesting Agency clauses.)								

IAA Number		<u>-</u>	0000 -						
	GT&C	#	Order#	Amendment/Mod #					
20. Servicing	Agency (	Clause(s) (O	ptional) (	State and/or attach any ad	ditional Servicing Agency clauses.)				
21. Additional Requesting Agency and/or Servicing Agency Attachments (Optional) (State and/or attach any additional Requesting Agency and/or Servicing Agency attachments.)									
22. Annual Re	eview of	IAA							
				annually review the IAA Γ&C and/or modification t	if the agreement period exceeds one year. Appropriate o any affected Order(s).				
to sign this agre	eement. E	ach Agency	Official 1		s designated by the Requesting Agency and Servicing Agency al terms and conditions are properly defined, including the				
The Agreement	Period S	tart Date (Bl	ock 5) m	ust be the same as or later	than the signature dates.				
Actual work for Blocks 37 a		a may NOT b	oegin unt	il an Order has been signed	d by the appropriate individuals, as stated in the Instructions				
23.	Req	uesting Age	ncy		Servicing Agency				
Name									
Title									
Telephone									
Number(s) Fax Number									
Email Address									
SIGNATURE									
Approval Date									

## **United States Government** Ir

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

IAA Number				gency's Agreement						
GT&C #	Order#	Amendment/Mod 7	# Tracking No	umber (Optional)						
P	RIMARY OR	GANIZATION/O	FFICE INFORM	IATION						
24.	Re	equesting Agency		Servicing Age	ency					
Primary Organization/Office Name										
Responsible Organization/Office Address										
	ORDER/R	EQUIREMENTS	INFORMATIO	N						
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.										
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 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-										

IAA Number									S	ervicin	g Agen	cy's Ag	reement			
	G	T&C # Order # Amendment/M						Mod #								
28. Order Line/Funding Information										Line Number						
	Requesting Agency Funding Information									Ser	vicing	Agency	Fundin	g Info	rmation	
ALC			-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	TAS fo	rmat														
BETC	IASIC	Tillat	1													
Object Class	Code	(Ontional)														
BPN	Code	Optionary														
BPN + 4 (Op	tional)	)														
Additional A	ccount	ing														
Classification	ı/Infor	mation														
(Optional)	conor	Funding	Evni	ration D	oto			D <sub>o</sub>	anastir	10 A 00	nou Fu	nding C	on a allati	n Da	to	
Requesting A	rgency	runamş	g Expi	ration D	ate			Ke	questii	ig Age	ncy ru	nding C	ancellation	on Da	te	
MM-DD-YY	YYY							M	M-DD-	YYYY	7					
Project Num	ıber &	Title														
Description									Need	for this	s Orde	r (State	or attach	a des	cription	of
products/serv	'ices, 11	ncluding	the bo	ona fide	need for	r this	Order.)									
North Americ	can Inc	dustry Cl	assific	ation Sy	stem (N	IAIC	S) Num	ber (O	ptional	l)						
Breakdown	of Rei	mbursal	ole Liı	ne Costs	}			OR	OR Breakdown of Assisted Acquisition Line Cost:							
Unit of Meas	sure							C	ontrac	t Cost	\$					
Quantity		Unit I	Price		To	otal		Se	rvicing	g Fees	\$					
				\$				0.1		Total	\$					
0-1-15	0.0	11		¢					ligated		¢.					
Overhead Fe				\$				-	Advan Li	ce for ine (-)	\$					
Total Line Amount Obligated \$																
								Ne	t Tota	l Cost	\$					
						As	Assisted Acquisition Servicing Fees Explanation									
Advance	Line A	Amount	(-)	\$						1						
Net Line Amount Due \$																
Type of Serv	ice Re	equirem	ents													
Severable Service Non-severable Service								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.]									
<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: \$									
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		- <u> </u>	Servicing Agency's Agreement
GT&C #	Order #	Amendment/Mod #	Tracking Number (Optional)
35. Funding Clauses/Instruc	tions (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 CONTA	CT INFORMATION
	ntified by the Re alfilled for this C		rvicing Agency, must ensure that the scope of work is cial may or may not be the Contracting Officer depending on
	R	equesting Agency	Servicing Agency
Name			
Title			
Telephone Number			
Fax Number			
Email Address			
SIGNATURE			
Date Signed			
that the funds are accurately of	cited and can be to obligate funds	properly accounted for . The Servicing Agency I	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, ance with the agreement.
	R	equesting Agency	Servicing Agency
Name			
Title			
Telephone Number			
Fax Number			
Email Address			
SIGNATURE			
Date Signed			

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

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 con	tact must ensure that the payment (Requare accurate and timely for this Order.	esting Agency), billing (Servicing Agency), and					
39.	Requesting Agency (Payment Office	ce) Servicing Agency (Billing Office)					
Name							
Title							
Office Address							
Telephone Number							
Fax Number							
Email Address							
Signature & Date (Optional)							
40. ADDITIONAL Points of C This may include CONTRACT	Contacts (POCs) (as determined by each ING 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)							