

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

IAA Number _____ - _____ - _____
 GT&C # Order # Amendment/Mod #

Servicing Agency's Agreement
 Tracking Number (Optional) _____

PRIMARY ORGANIZATION/OFFICE INFORMATION

24.	Requesting Agency	Servicing Agency
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 explain 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 _____
 MM-DD-YYYY MM-DD-YYYY

For a performance period mod, insert the start and end dates that reflect the new performance period.

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28. Order Line/Funding Information				Line Number _____				
Requesting Agency Funding Information			Servicing Agency Funding Information					
ALC								
Treasury Agency Code								
Trading Partner Code								
TAS								
BETC								
Object Class Code (Optional)								
BPN								
BPN + 4 (Optional)								
Additional Accounting Classification/Information (Optional)								
Requesting Agency Funding Expiration Date MM-DD-YYYY			Requesting Agency Funding Cancellation Date MM-DD-YYYY					
Project Number & 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 American Industry Classification System (NAICS) Number (Optional) _____								
Breakdown of Reimbursable Line Costs			OR			Breakdown of Assisted Acquisition Line Cost:		
Unit of Measure			Contract Cost	\$				
Quantity	Unit Price	Total	Servicing Fees	\$				
		\$	Total Obligated Cost	\$				
Overhead Fees & Charges		\$	Advance for Line (-)	\$				
Total Line Amount Obligated		\$	Net Total Cost	\$				
			Assisted Acquisition Servicing Fees Explanation					
Advance Line Amount (-)		\$						
Net Line Amount Due		\$						
Type of Service Requirements								
Severable Service		Non-severable Service		Not Applicable				

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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

Charge 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): _____

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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 Number	
POC Telephone Number	
Special Shipping Information	

APPROVALS AND CONTACT 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.

	Requesting Agency	Servicing Agency
Name		
Title		
Telephone Number		
Fax Number		
Email Address		
SIGNATURE		
Date Signed		

38. FUNDING OFFICIALS - 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.

	Requesting Agency	Servicing Agency
Name		
Title		
Telephone Number		
Fax Number		
Email Address		
SIGNATURE		
Date Signed		

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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)		

40. ADDITIONAL Points of Contacts (POCs) (as determined by each Agency)

This may include CONTRACTING 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)		