

UNITED STATES GOVERNMENT INTERAGENCY  
 AGREEMENT (IAA)  
 Agreement Between Federal Agencies  
 Order Requirements and Funding Information (Order) Section



BUREAU OF THE  
**Fiscal Service**  
 LEAD. TRANSFORM. DELIVER.

IAA Number \_\_\_\_\_ GT&C # \_\_\_\_\_ Order # \_\_\_\_\_ Amendment # / Mod # \_\_\_\_\_ Servicing Agency's Agreement Tracking Number (Optional) \_\_\_\_\_

**PRIMARY ORGANIZATION /OFFICE INFORMATION**

<b>24.</b>	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 the 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.

<b>26. Funding Modification Summary by Line</b>	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					
<b>TOTAL Modified Obligation</b>					
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

\_\_\_\_\_ MM-DD-YYYY

End Date

\_\_\_\_\_ MM-DD-YYYY

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28. Order Line / Funding Information													Line Number				
Requesting Agency Funding Information										Servicing Agency Funding Information							
ALC										2400001							
Component	SP	ATA	AID	BPOA	EPOA	A	MAIN	SUB	SP	ATA	AID	BPOA	EPOA	A	MAIN	SUB	
TAS (required by 10/1/2014)																	
and/or current TAS format																	
BETC																	
Object Class Code (Optional)																	
BPN																	
BPN + 4 (Optional)																	
Additional Accounting Classification / Information (Optional)																	
Requesting Agency Funding Expiration Date										Requesting Agency Funding Cancellation Date							
MM-DD-YYYY										MM-DD-YYYY							
<b>Project Number &amp; Title</b>																	
<b>Description of Products and/or Service, 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 American Industry Classification System (NCAIS) Number (Optional)																	
<b>Breakdown of Reimbursable Line Costs and/or Breakdown of Assisted Acquisition Line Cost:</b>																	
Unit of Measure										Contract Cost							
Quantity		Unit Price		Total			Servicing Fees										
							Total Obligated Cost										
Overhead Fees and Charges							Advance for Line (-)										
Total Line Amount Obligated							Net Total Cost										
Advance Line Amount (-)							Assisted Acquisition Servicing Fees Explanation										
Net Line Amount Due																	
<b>Type of Service Requirements</b>																	
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 post 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 AND PAYMENT INFORMATION**

**32. Payment Method** (Check One) [Intra-governmental Payment and Collection (IPAC) is the Preferred Method.]

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): \_\_\_\_\_

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**35. Funding Clauses / Instructions** (Optional) (State and/or list funding clauses/instructions)  
 Subject to the Availability of Funds

**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		
<b>SIGNATURE</b>		
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		
<b>SIGNATURE</b>		
Date Signed		

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<b>CONTACT INFORMATION</b>		
<b>39. FINANCE OFFICE Points of Contact (POCs)</b>		
	Requesting Agency (Payment Office)	Servicing Agency (Billing Office)
Name		
Title		
Office Address		
Telephone Number		
Fax Number		
Email Address		
Signature & Date (Optional)		
<b>40. ADDITIONAL Points of Contact (POCs)</b> (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)		