



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

IAA Number _____ - _____ - _____ Servicing Agency's Agreement
 GT&C # Order # Amendment/Mod # 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 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 _____
 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																		
Component TAS Required by 10/1/2014	SP	ATA	AID	BPOA	EPOA	A	MAIN	SUB		SP	ATA	AID	BPOA	E POA	A	MAIN	SUB	
and/or Current TAS format																		
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									and/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										
Advance Line Amount (-)								Assisted Acquisition Servicing Fees Explanation										
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

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.)

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. AUTHORIZED REPRESENTATIVE – Signature Required.

The Authorized Representative(s), 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 Authorized Representative(s) 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. TECHNICAL POINT OF CONTACT (TPOC): Signature Optional

The TPOC, 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.

	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 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)		