



Forest Service Request Form for Reimbursable Agreements

Agreement Number: _____

Field Requestor and Contact Number: _____

Incident Name & Job Code: _____

Name - Program Manager	Date
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Name - Second Reviewing Official	Date	Title
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What is this request for:

What is the amount of FS cost incurred:

What type of package:

Cost Share Agreement or Reimbursable Agreement

Payment (Invoice) or Receivable (FS Bill) (per Terms & Conditions of the Agreement)

Dates of Service for cost incurred, related to this incident from accounting system of record (if required by the Terms & Conditions of the Agreement)

All incurred costs from the financial system of record of the agency, for this incident

Summary of charges for Payment (Invoice) or Receivable (FS Bill)

Negotiated Indirect Cost Rate Agreement (NICRA) or Indirect Cost Rate Plan)

Worksheet to include summary of incurred costs



Instructions: Request Form

Enter the agreement number.

Enter your name and phone number.

Enter the incident name and incident job code.

Digital signature of program manager.

Digital signature of second reviewing official.

Greater than \$20M is Chief Financial Officer

\$15M to \$20M Regional Forester

Less than \$15M Regional Forester or Designee

Use the drop-down menu to select if you are requesting a bill or invoice payment.

Use the drop-down menu to select threshold category of cost incurred.

Use the drop-down menu to select the type of package.

Check box, if you have included the cost share agreement or reimbursable agreement.

Is the agreement in NRM system? Did you validate agreement and Annual Operating Plan, Period of Performance and that agreement is effective during the period of performance?

Check box, if you have included the Payment (Invoice) or Receivable (FS Bill) in alignment with terms and conditions of the agreement.

Did you validate signatures are on the agreement?

Did you validate amount is correct by performing simple addition method to concur with totals?

Did you review the summary of charges for Payment (Invoice) or Receivable (FS Bill) match expense detail?

Did you review and verify this is not a duplicate invoice or bill?

Check box, if the dates of service are included and have been reviewed for the incurred costs.

Check box, if you reviewed all costs were incurred.

Check box, if you validate a transaction register enclosed, verify all back up incurred costs enclosed and document matches summary amount. (Worksheet or equivalent)?

Did you review all changes and ensure approval by all parties and that a complete explanation of charges is included?

Check box, if you include the Negotiated Indirect Cost Rate Agreement (NICRA) or Indirect Cost Rate Plan.

Check box, if you included any worksheets for the summary of incurred costs.

Disclosure:

If a package is received and considered incomplete, it will be returned to the requestor for the additional documentation.

If second reviewing official finds discrepancies in the request, action must be taken for resolution.