RESET FORM

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

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 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.

26. Funding Modification Summary by Line	Line #	Line #	Line #	Total of All Other Lines (attach funding details)	Total
Original Line Funding					$0.00
Cumulative Funding Changes From Prior Mods [addition (+) or reduction (-)]					$0.00
Funding Change for This Mod					$0.00
TOTAL Modified Obligation	$0.00	$0.00	$0.00	$0.00	$0.00
Total Advance Amount (-)					$0.00
Net Modified Amount Due	$0.00	$0.00	$0.00	$0.00	$0.00

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																	
Component TAS (required by 10/1/2014)	SP	ATA	AID	BPOA	EPOA	A	MAIN	SUB	SP	ATA	AID	BPOA	EPOA	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	Requesting Agency Funding Cancellation Date
MM-DD-YYYY	MM-DD-YYYY

Project Number & Title

Description of Products and/or Service, 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 (NCAIS) 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	
		$0.00	Total Obligated Cost	$0.00
Overhead Fees and Charges			Advance for Line (-)	
Total Line Amount Obligated		$0.00	Net Total Cost	$0.00
Advance Line Amount (-)			Assisted Acquisition Servicing Fees Explanation	
Net Line Amount Due		$0.00		

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 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: $0.00
[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): _____

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

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		
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

39. FINANCE OFFICE Points of Contact (POCs)

	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 Contact (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)		