

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

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IAA Order

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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 | |
| | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | 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. 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) | | |