

EXAMPLE 1: 7600 A Obligation  
(Original Line Funding)

United States Government  
Interagency Agreement (IAA) – Agreement Between Federal Agencies  
General Terms and Conditions (GT&C) Section

IAA Number APH-HQ-15-0001 - 0000 -  
GT&C # \_\_\_\_\_ Order # Amendment/Mod # \_\_\_\_\_

DEPARTMENT AND/OR AGENCY

1.	Requesting Agency of Products/Services	Servicing Agency Providing Products/Services
Name	USDA APHIS MRPBS Vendor Code: 1400000305	USDA, OC, CMBC Customer Number: 700114
Address	1234 Finance Office Road, Ste. 1 Sampleland, USA	34 MedFly Training Lane Sampleland, USA

2. Servicing Agency Agreement Tracking Number (Optional) \_\_\_\_\_

3. Assisted Acquisition Agreement Yes  No

4. GT&C Action (Check action being taken)

New

Amendment – Complete only the GT&C blocks being changed and explain the changes being made.

Cancellation – Provide a brief explanation for the IAA cancellation and complete the effective End Date.

5. Agreement Period Start Date 10-01-2014 End Date 09-30-2020 of IAA or effective cancellation date  
MM-DD-YYYY MM-DD-YYYY

6. Recurring Agreement (Check One) A Recurring Agreement will continue, unless a notice to discontinue is received.

Yes  If Yes, is this an: Annual Renewal   
Other Renewal  State the other renewal period: Annually (5 year estimate)

No

7. Agreement Type (Check One)  Single Order IAA  Multiple Order IAA

8. Are Advance Payments Allowed for this IAA (Check One)  Yes  No

If Yes is checked, enter Requesting Agency's Statutory Authority Title and Citation

Note: Specific advance amounts will be captured on each related Order.

**United States Government  
Interagency Agreement (IAA) – Agreement Between Federal Agencies  
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IAA Number APH-HQ-15-0001 - 0000 -  
 GT&C # \_\_\_\_\_ Order # Amendment/Mod # \_\_\_\_\_

**9. Estimated Agreement Amount** (The Servicing Agency completes all information for the estimated agreement amount.)  
 (Optional for Assisted Acquisitions)

Direct Cost	\$187,500.00	Provide a general explanation of the Overhead Fees & Charges
Overhead Fees & Charges	_____	
Total Estimated Amount	\$187,500.00	

**10. STATUTORY AUTHORITY**

**a. Requesting Agency's Authority (Check One)**

Franchise Fund	Revolving Fund	Working Capital Fund	Economy Act (31 U.S.C. 1535/FAR 17.5)	Other Authority
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Fill in Statutory Authority Title and Citation for Franchise Fund, Revolving Fund, Working Capital Fund, or Other Authority

**b. Servicing Agency's Authority (Check One)**

Franchise Fund	Revolving Fund	Working Capital Fund	Economy Act (31 U.S.C. 1535/FAR 17.5)	Other Authority
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Fill in Statutory Authority Title and Citation for Franchise Fund, Revolving Fund, Working Capital Fund, or Other Authority

**11. Requesting Agency's Scope** (State and/or list attachments that support Requesting Agency's Scope.)  
 Estimated to provide funding for this project for 5 years at \$37,500 per year. This agreement is the understanding that APHIS shall reimburse CMBC for the costs of requested creative services (Video production and Graphic Design Services) and the associated administrative costs (overhead). Actual charges with the agreement period will be invoiced and included in subsequent 7600B obligation requests.

**12. Roles & Responsibilities for the Requesting Agency and Servicing Agency** (State and/or list attachments for the roles and responsibilities for the Requesting Agency and the Servicing Agency.)  
 Creative Media and Broadcast Center (CMBC) is the activity center authorized by the Department to provide centrally video production and graphic design services on behalf of the agencies of the Department. APHIS will utilize these services from CMBC as deemed necessary by APHIS, LPA.

United States Government  
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General Terms and Conditions (GT&C) Section

IAA Number APH-HQ-15-0001 - 0000 -  
GT&C #                      Order # Amendment/Mod #

**13. Restrictions (Optional)** (State and/or attach unique requirements and/or mission specific restrictions specific to this IAA).

**14. Assisted Acquisition Small Business Credit Clause** (The Servicing Agency will allocate the socio-economic credit to the Requesting Agency for any contract actions it has executed on behalf of the Requesting Agency.)

**15. Disputes:** Disputes related to this IAA shall be resolved in accordance with instructions provided in the Treasury Financial Manual (TFM) Volume I, Part 2, Chapter 4700, Appendix 10; Intragovernmental Business Rules.

**16. Termination** (Insert the number of days that this IAA may be terminated by written notice by either the Requesting or Servicing Agency.)

30

If this agreement is canceled, any implementing contract/order may also be canceled. If the IAA is terminated, the agencies shall agree to the terms of the termination, including costs attributable to each party and the disposition of awarded and pending actions.

If the Servicing Agency incurs costs due to the Requesting Agency's failure to give the requisite notice of its intent to terminate the IAA, the Requesting Agency shall pay any actual costs incurred by the Servicing Agency as a result of the delay in notification, provided such costs are directly attributable to the failure to give notice.

**17. Assisted Acquisition Agreements – Requesting Agency's Organizations Authorized To Request Acquisition Assistance for this IAA.** (State or attach a list of Requesting Agency's organizations authorized to request acquisition assistance for this IAA.)

**18. Assisted Acquisition Agreements – Servicing Agency's Organizations authorized to Provide Acquisition Assistance for this IAA.** (State or attach a list of Servicing Agency's organizations authorized to provide acquisition for this IAA.)

**19. Requesting Agency Clause(s) (Optional)** (State and/or attach any additional Requesting Agency clauses.)

**United States Government  
 Interagency Agreement (IAA) – Agreement Between Federal Agencies  
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IAA Number APH-HQ-15-0001 - 0000 -  
 GT&C # \_\_\_\_\_ Order # Amendment/Mod # \_\_\_\_\_

**20. Servicing Agency Clause(s) (Optional) (State and/or attach any additional Servicing Agency clauses.)**

**21. Additional Requesting Agency and/or Servicing Agency Attachments (Optional) (State and/or attach any additional Requesting Agency and/or Servicing Agency attachments.)**

**22. Annual Review of IAA**

By signing this agreement, the parties agree to annually review the IAA if the agreement period exceeds one year. Appropriate changes will be made by amendment to the GT&C and/or modification to any affected Order(s).

**AGENCY OFFICIAL**

The Agency Official is the highest level accepting authority or official as designated by the Requesting Agency and Servicing Agency to sign this agreement. Each Agency Official must ensure that the general terms and conditions are properly defined, including the stated statutory authorities, and, that the scope of work can be fulfilled per the agreement.

The Agreement Period Start Date (Block 5) must be the same as or later than the signature dates.

Actual work for this IAA may NOT begin until an Order has been signed by the appropriate individuals, as stated in the Instructions for Blocks 37 and 38.

23.	Requesting Agency	Servicing Agency
Name	Mrs. Jones	Mr. Smith
Title	Signing Official	Signing Official
Telephone Number(s)	(301) 555-1234	(202) 555-1234
Fax Number		
Email Address	Mrs.Jones@sample.gov	Mr.Smith@sample.gov
<b>SIGNATURE</b>		
Approval Date		

**EXAMPLE 2: 7600 B Obligation  
(Original Line Funding)**

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

IAA Number APH-HQ-15-0001 -                      -                           Servicing Agency's Agreement  
                     GT&C #                      Order #      Amendment/Mod #      Tracking Number (Optional) SAMPLE

PRIMARY ORGANIZATION/OFFICE INFORMATION					
<b>24.</b>	<b>Requesting Agency</b>	<b>Servicing Agency</b>			
Primary Organization/Office Name	USDA APHIS MRPBS Vendor Code: 1400000305	USDA, OC, CMBC Customer Number: 7000114			
Responsible Organization/Office Address	1234 Finance Office Road, Ste. 1 Sampleland, USA	34 MedFly Training Lane Sampleland, USA			
ORDER/REQUIREMENTS INFORMATION					
<b>25. Order Action (Check One)</b>					
<input checked="" type="checkbox"/> <b>New</b>					
<input type="checkbox"/> <b>Modification (Mod)</b> – 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 <b>Funding Modification Summary by Line (Block 26)</b> if the mod involves adding, deleting or changing Funding for an Order Line.					
<input type="checkbox"/> <b>Cancellation</b> – 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
<b>TOTAL Modified Obligation</b>	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
<b>Total Advance Amount (-)</b>	\$	\$	\$	\$	\$ 0.00
<b>Net Modified Amount Due</b>	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
<b>27. Performance Period</b>					
	Start Date	<u>10-01-2014</u>	End Date	<u>09-30-2015</u>	
		MM-DD-YYYY		MM-DD-YYYY	
For a performance period mod, insert the start and end dates that reflect the new performance period.					

**IAA Order**

IAA Number APH-HQ-15-0001 -            -             
 GT&C #            Order #            Amendment/Mod #           

Servicing Agency's Agreement  
 Tracking Number (Optional) SAMPLE

<b>28. Order Line/Funding Information</b>													<b>Line Number</b> <u>001</u>													
<b>Requesting Agency Funding Information</b>									<b>Servicing Agency Funding Information</b>																	
ALC			12403400						120401240																	
Component TAS Required by 10/1/2014	SP	ATA	AID	BPOA	EPOA	A	MAIN	SUB	SP	ATA	AID	BPOA	E POA	A	MAIN	SUB										
			012			X	0001	000			012			X	0002	000										
<b>OR</b> Current TAS format			12X0001						12X0002																	
BETC			DISB						COLL																	
Object Class Code (Optional)			2250						0200																	
BPN									801201811																	
BPN + 4 (Optional)									801201811-1234																	
Additional Accounting Classification/Information (Optional)			line 1 @ 16%: \$6,000 15XX/ AP000001AV/ AP00UFAQIUFEA000/ AP00DPCH99/ AP.EX.DEPT.99						Accounting Code# WBS Element# Sales Order#																	
Requesting Agency Funding Expiration Date No Year- DNE MM-DD-YYYY									Requesting Agency Funding Cancellation Date No Year- DNE MM-DD-YYYY																	
MedFly Training Video (Creative Business Line)																										
Project Number & Title APHIS Agreement# 34-WT-15-3000-0678-IA																										
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.)																										
Filming for FY15 for MedFly Training Video: See attached Quote*																										
*No Year Funds- Does Not Expire*																										
North American Industry Classification System (NAICS) Number (Optional) <u>          </u>																										
<b>Breakdown of Reimbursable Line Costs</b>									<b>OR</b>									<b>Breakdown of Assisted Acquisition Line Cost:</b>								
Unit of Measure									Contract Cost			\$														
Quantity		Unit Price		Total				Servicing Fees			\$															
1		\$6,000.00		\$ 6,000.00				Total Obligated Cost			\$ 0.00															
Overhead Fees & Charges			\$						Advance for Line (-)			\$														
Total Line Amount Obligated			\$ 6,000.00						Net Total Cost			\$ 0.00														
Advance Line Amount (-)			\$						Assisted Acquisition Servicing Fees Explanation																	
Net Line Amount Due			\$ 6,000.00																							
<b>Type of Service Requirements</b>																										
<input checked="" type="checkbox"/> Severable Service <input type="checkbox"/> Non-severable Service <input type="checkbox"/> Not Applicable																										

**IAA Order**

IAA Number APH-HQ-15-0001 -            -             
 GT&C #            Order #            Amendment/Mod #           

Servicing Agency's Agreement  
 Tracking Number (Optional) SAMPLE

<b>28. Order Line/Funding Information</b>											Line Number <u>002</u>							
<b>Requesting Agency Funding Information</b>											<b>Servicing Agency Funding Information</b>							
ALC		12403400									120401240							
Component TAS Required by 10/1/2014	SP	ATA	AID	BPOA	EPOA	A	MAIN	SUB		SP	ATA	AID	BPOA	E POA	A	MAIN	SUB	
			012	2015	2015		1234	000				012			X	0002	000	
<b>OR</b> Current TAS format			1251234							12X0002								
BETC			DISB							COLL								
Object Class Code (Optional)			2250							0200								
BPN										801201811								
BPN + 4 (Optional)										801201811-1234								
Additional Accounting Classification/Information (Optional)			Line 2 @ 84%: \$31,500 1515/ AP000002AD/ AP00AGDISTRIB123/ AP00DPCH99/ AP.EX.DEPT.99							Accounting Code# WBS Element# Sales Order#								
Requesting Agency Funding Expiration Date <u>09-30-2015</u> MM-DD-YYYY											Requesting Agency Funding Cancellation Date <u>09-30-2020</u> MM-DD-YYYY							
MedFly Training Video (Creative Business Line)																		
Project Number & Title APHIS Agreement# 34-WT-15-3000-0678-IA																		
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.)																		
Filming for FY15 for MedFly Training Video: See attached Quote*																		
North American Industry Classification System (NAICS) Number (Optional) <u>          </u>																		
<b>Breakdown of Reimbursable Line Costs</b>											<b>OR Breakdown of Assisted Acquisition Line Cost:</b>							
Unit of Measure									Contract Cost		\$							
Quantity	Unit Price	Total						Servicing Fees		\$								
1	\$31,500.00	\$ 31,500.00						Total Obligated Cost		\$ 0.00								
Overhead Fees & Charges			\$					Advance for Line (-)		\$								
Total Line Amount Obligated			\$ 31,500.00					Net Total Cost		\$ 0.00								
Advance Line Amount (-)			\$					Assisted Acquisition Servicing Fees Explanation										
Net Line Amount Due			\$ 31,500.00															
<b>Type of Service Requirements</b>																		
<input checked="" type="checkbox"/> Severable Service <input type="checkbox"/> Non-severable Service <input type="checkbox"/> Not Applicable																		





**IAA Order**

IAA Number APH-HQ-15-0001 -            -             
 GT&C #                      Order #    Amendment/Mod #

Servicing Agency's Agreement  
 Tracking Number (Optional) SAMPLE

**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	Mr. Jackson	Mrs. James
Title	Program Official	Program Official
Telephone Number	(222) 555-0123	(410) 555-6789
Fax Number		
Email Address	Mr.Jackson@sample.gov	Mrs.James@sample.gov
<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	Mrs. Jones	Mr. Smith
Title	Signing Official	Signing Official
Telephone Number	(301) 555-1234	(202) 555-1234
Fax Number		
Email Address	Mrs.Jones@sample.gov	Mr.Smith@sample.gov
<b>SIGNATURE</b>		
Date Signed		

**IAA Order**

IAA Number APH-HQ-15-0001 - \_\_\_\_\_ - \_\_\_\_\_  
 GT&C #                      Order #    Amendment/Mod #

Servicing Agency's Agreement  
 Tracking Number (Optional) **SAMPLE**

**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	Mrs. Franklin	Same as block 38
Title	Budget Analyst	
Office Address	1234 Finance Office Road, Ste. 1 Sampleland, USA	
Telephone Number	(202) 555-5678	
Fax Number		
Email Address	Mrs. Franklin@sample.gov	
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	Mrs. Thomas	Mr. Harris
Title	Management Analyst	Project Manager
Office Address	1234 Finance Office Road, Ste. 1 Sampleland, USA	34 MedFly Training Lane Sampleland, USA
Telephone Number	(202) 555-3456	(301) 555-4444
Fax Number		
Email Address	Mrs.Thomas@sample.gov	Mr.Harris@sample.gov
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)		

**EXAMPLE 3: 7600 B Obligation  
(MOD: Original Line Funding)**

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

IAA Number APH-HQ-15-0001 - 001      Servicing Agency's Agreement  
 GT&C #                      Order #      Amendment/Mod #      Tracking Number (Optional) SAMPLE

PRIMARY ORGANIZATION/OFFICE INFORMATION					
<b>24.</b>	<b>Requesting Agency</b>	<b>Servicing Agency</b>			
Primary Organization/Office Name	USDA APHIS MRPBS Vendor Code: 1400000305	USDA, OC, CMBC Customer Number: 700114			
Responsible Organization/Office Address	1234 Finance Office Road, Ste. 1 Sampleland, USA	34 MedFly Training Lane Sampleland, USA			
ORDER/REQUIREMENTS INFORMATION					
<b>25. Order Action (Check One)</b>					
<input type="checkbox"/> New					
<input checked="" type="checkbox"/> <b>Modification (Mod)</b> – 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 <b>Funding Modification Summary by Line</b> (Block 26) if the mod involves adding, deleting or changing Funding for an Order Line.					
Modified to decrease funding by \$2,500 for a new total of \$35,000. 5 hours of footage not needed. See changes to blocks 26, 26 and 35 totals.					
<input type="checkbox"/> <b>Cancellation</b> – 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 # <u>1</u>	Line # _____	Line # _____	Total of All Other Lines (attach funding details)	Total
Original Line Funding	\$37,500.00	\$	\$	\$	\$37,500.00
Cumulative Funding Changes From Prior Mods [addition (+) or reduction (-)]	\$	\$	\$	\$	\$ 0.00
Funding Change for This Mod	\$(2,500.00)	\$	\$	\$	\$(2,500.00)
<b>TOTAL Modified Obligation</b>	<b>\$ 35,000.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$35,000.00</b>
Total Advance Amount (-)	\$	\$	\$	\$	\$ 0.00
Net Modified Amount Due	\$ 35,000.00	\$ 0.00	\$ 0.00	\$ 0.00	\$35,000.00
<b>27. Performance Period</b>					
	Start Date	<u>10-01-2014</u>	End Date	<u>09-30-2015</u>	
		MM-DD-YYYY		MM-DD-YYYY	
For a performance period mod, insert the start and end dates that reflect the new performance period.					

**IAA Order**

IAA Number APH-HQ-15-0001 - 001  
 GT&C # \_\_\_\_\_ Order # Amendment/Mod #

Servicing Agency's Agreement  
 Tracking Number (Optional) SAMPLE

<b>28. Order Line/Funding Information</b>										<b>Line Number</b> <u>001</u>								
<b>Requesting Agency Funding Information</b>										<b>Servicing Agency Funding Information</b>								
ALC		12403400								120401240								
Component TAS Required by 10/1/2014	SP	ATA	AID	BPOA	EPOA	A	MAIN	SUB	SP	ATA	AID	BPOA	E POA	A	MAIN	SUB		
			012			X	0001	000			012			X	0002	000		
<b>OR</b> Current TAS format		12X0001								12X0002								
BETC		DISB								COLL								
Object Class Code (Optional)		2250								0200								
BPN										801201811								
BPN + 4 (Optional)										801201811-1234								
Additional Accounting Classification/Information (Optional)		line 1 @ 16%: \$5,600 15XX/ AP000001AV/ AP00UFAQIUFEA000/ AP00DPCH99/ AP.EX.DEPT.99								Accounting Code# WBS Element# Sales Order#								
Requesting Agency Funding Expiration Date No Year- DNE MM-DD-YYYY										Requesting Agency Funding Cancellation Date No Year- DNE MM-DD-YYYY								
MedFly Training Video (Creative Business Line) Project Number & Title APHIS Agreement# 34-WT-15-3000-0678-IA																		
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.)  Filming for FY15 for MedFly Training Video: See attached Quote*  *No Year Funds- Does Not Expire*																		
North American Industry Classification System (NAICS) Number (Optional) _____																		
<b>Breakdown of Reimbursable Line Costs</b>										<b>OR</b>		<b>Breakdown of Assisted Acquisition Line Cost:</b>						
Unit of Measure								Contract Cost		\$								
Quantity	Unit Price	Total						Servicing Fees		\$								
1	\$5,600.00	\$ 5,600.00						Total Obligated Cost		\$ 0.00								
Overhead Fees & Charges		\$						Advance for Line (-)		\$								
Total Line Amount Obligated		\$ 5,600.00						Net Total Cost		\$ 0.00								
Assisted Acquisition Servicing Fees Explanation																		
Advance Line Amount (-)		\$																
Net Line Amount Due		\$ 5,600.00																
<b>Type of Service Requirements</b>																		
<input checked="" type="checkbox"/> Severable Service <input type="checkbox"/> Non-severable Service <input type="checkbox"/> Not Applicable																		

**IAA Order**

IAA Number APH-HQ-15-0001 - 001  
 GT&C # \_\_\_\_\_ Order # \_\_\_\_\_ Amendment/Mod # \_\_\_\_\_

Servicing Agency's Agreement  
 Tracking Number (Optional) SAMPLE

<b>28. Order Line/Funding Information</b>													<b>Line Number</b> <u>002</u>				
<b>Requesting Agency Funding Information</b>									<b>Servicing Agency Funding Information</b>								
ALC			12403400						120401240								
Component TAS Required by 10/1/2014	SP	ATA	AID	BPOA	EPOA	A	MAIN	SUB	SP	ATA	AID	BPOA	E POA	A	MAIN	SUB	
			012	2015	2015		1234	000			012			X	0002	000	
<b>OR</b> Current TAS format			1251234						12X0002								
BETC			DISB						COLL								
Object Class Code (Optional)			2250						0200								
BPN									801201811								
BPN + 4 (Optional)									801201811-1234								
Additional Accounting Classification/Information (Optional)			Line 2 @ 84%: \$29,400 1515/ AP000002AD/ AP00AGDISTRIB123/ AP00DPCH99/ AP.EX.DEPT.99						Accounting Code# WBS Element# Sales Order#								
Requesting Agency Funding Expiration Date <u>09-30-2015</u> MM-DD-YYYY									Requesting Agency Funding Cancellation Date <u>09-30-2020</u> MM-DD-YYYY								
MedFly Training Video (Creative Business Line) <b>Project Number &amp; Title</b> APHIS Agreement# 34-WT-15-3000-0678-IA																	
<b>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.)</b>  Filming for FY15 for MedFly Training Video: See attached Quote*																	
North American Industry Classification System (NAICS) Number (Optional) _____																	
<b>Breakdown of Reimbursable Line Costs</b>									<b>OR</b>				<b>Breakdown of Assisted Acquisition Line Cost:</b>				
Unit of Measure									Contract Cost		\$						
Quantity		Unit Price		Total				Servicing Fees		\$							
1		\$29,400.00		\$ 29,400.00				Total Obligated Cost		\$ 0.00							
Overhead Fees & Charges			\$						Advance for Line (-)		\$						
Total Line Amount Obligated			\$ 29,400.00						Net Total Cost		\$ 0.00						
Advance Line Amount (-)			\$						Assisted Acquisition Servicing Fees Explanation								
Net Line Amount Due			\$ 29,400.00														
<b>Type of Service Requirements</b>																	
<input checked="" type="checkbox"/> Severable Service <input type="checkbox"/> Non-severable Service <input type="checkbox"/> Not Applicable																	

IAA Order

IAA Number APH-HQ-15-0001 - 001  
GT&C # Order # Amendment/Mod #

Servicing Agency's Agreement  
Tracking Number (Optional) SAMPLE

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: \$ 35,000.00  
[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)  
7600A & Quote/Rate Sheet

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 USDA INTRA

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): Upon Receipt

**IAA Order**

IAA Number APH-HQ-15-0001 - 001  
 GT&C #                      Order #    Amendment/Mod #

Servicing Agency's Agreement  
 Tracking Number (Optional) SAMPLE

**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	Mr. Jackson	Mrs. James
Title	Program Official	Program Official
Telephone Number	(222) 555-0123	(410) 555-6789
Fax Number		
Email Address	Mr.Jackson@sample.gov	Mrs.James@sample.gov
<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	Mrs. Jones	Mr. Smith
Title	Signing Official	Signing Official
Telephone Number	(301) 555-1234	(202) 555-1234
Fax Number		
Email Address	Mrs.Jones@sample.gov	Mr.Smith@sample.gov
<b>SIGNATURE</b>		
Date Signed		

**IAA Order**

IAA Number APH-HQ-15-0001 - 001  
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Servicing Agency's Agreement  
 Tracking Number (Optional) SAMPLE

**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	Mrs. Franklin	Same as block 38
Title	Budget Analyst	
Office Address	1234 Finance Office Road, Ste. 1 Sampleland, USA	
Telephone Number	(202) 555-5678	
Fax Number		
Email Address	Mrs. Franklin@sample.gov	
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	Mrs. Thomas	Mr. Harris
Title	Management Analyst	Project Manager
Office Address	1234 Finance Office Road, Ste. 1 Sampleland, USA	34 MedFly Training Lane Sampleland, USA
Telephone Number	(202) 555-3456	(301) 555-4444
Fax Number		
Email Address	Mrs.Thomas@sample.gov	Mr.Harris@sample.gov
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)		