(Original Line Funding)

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

		DEPARTMENT AND/O	RAGENCY									
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. Servi	ing Agency	Agreement Tracking Number (Optional)										
3. Assist	3. Assisted Acquisition Agreement Yes No V											
11.000000000000000000000000000000000000		heck action being taken)										
_	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. Agree	ment Period	1 Start Date 10-01-2014 End Date 09-30-2 MM-DD-YYYY	2020 of IAA or effective cancellation date									
		ment (Check One) A Recurring Agreement will conti	nue, unless a notice to discontinue is received.									
Yes 🗸	If Yes, i	s this an: Annual Renewal Other Renewal State the other re	newal period. Annually (5 year estimate)									
No 🗆	3	State the other re-	iewai period.									
7. Agreei	ment Type (Check One) Single Order IAA Mul	tiple Order IAA									
		ments Allowed for this IAA (Check One) Yes er Requesting Agency's Statutory Authority Title and	☑ No Citation									
Note: Spe	cific advanc	e amounts will be captured on each related Order.										

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
0407 500 00
Total Estimated Amount \$187,500.00
10. STATUTORY AUTHORITY
a. Requesting Agency's Authority (Check One) Franchise Revolving Working Economy Act Other
Fund Fund Capital Fund (31 U.S.C. 1535/FAR 17.5) Authority
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 Revolving Working Economy Act Other
Fund Fund Capital Fund (31 U.S.C. 1535/FAR 17.5) Authority
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.
and moladed in subsequent 70000 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.
and and the state of the state

IAA Number_APH-HQ-15-00010000 -
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.)

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

,	G1&C # Order # Amendment/Mo	od #
20. Servicing A	gency Clause(s) (Optional) (State and/or atta	ach any additional Servicing Agency clauses.)
21. Additional R Requesting Agen	equesting Agency and/or Servicing Agency cy and/or Servicing Agency attachments.)	Attachments (Optional) (State and/or attach any additional
22. Annual Rev	iew of IAA	
By signing this ag changes will be n	greement, the parties agree to annually review nade by amendment to the GT&C and/or mod	the IAA if the agreement period exceeds one year. Appropriate ification to any affected Order(s).
to sign this agree	cial is the highest level accepting authority or	CY OFFICIAL official as designated by the Requesting Agency and Servicing Agency the general terms and conditions are properly defined, including the fulfilled per the agreement.
The Agreement P	eriod Start Date (Block 5) must be the same a	as or later than the signature dates.
Actual work for the for Blocks 37 and	his IAA may NOT begin until an Order has b	een signed by the appropriate individuals, as stated in the Instructions
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
SIGNATURE		
Approval Date		

(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			Servi	cing Agency's Agreement						
GT&C#	Order # A1	nendment/Mod #		ring Number (Optional) SAN	MPLE					
P	RIMARY ORGA	ANIZATION/OI	FICE IN	FORMATION						
24.	Req	uesting Agency		Servicing Ag	encv					
Primary Organization/Office USDA APHIS MRPBS USDA, OC, CMBC										
Name Vendor Code: 1400000305 Customer Number: 7000114										
Responsible Organization/Office Address	1234 Finance Sampleland, U	9. 1	34 MedFly Training Lane Sampleland, USA)						
	ORDER/REC	QUIREMENTS	NFORM	ATION						
Modification (Mod) – List af a performance period mod, state ne Summary by Line (Block 26) if the Cancellation – Provide a brief effective cancellation date.	w performance pe e mod involves ac	eriod for this Orde	er in Block changing	27. Fill out the Funding N Funding for an Order Line	Addification e.					
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 (-)]	\$	\$	s	\$	\$ 0.00					
Funding Change for This Mod	S	\$	\$	\$	\$0.00					
TOTAL Modified Obligation	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00					
Total Advance Amount (-)	\$	S	\$	\$	\$0.00					
Net Modified Amount Due	\$ 0.00	\$0.00	\$0.00	\$ 0.00	\$0.00					
27. Performance Period	Start Date	10-01-2	014	End Date 09-30-2	2015					
For a performance period mod, inset the start and end dates that reflect to new performance period.	ert	MM-DD-Y		MM-DD-						

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

28. Order L	ine/Fi	inding I	nform	ation							Line	Numbe	r 001		-	
				Reques	sting Ag		y Fundi	ng		Ser	vicing	Agency	Fundin	g Inf	ormation	ı
ALC			1240	3400					-	120	04012	40	-			
Component	SP	ATA	AID	BPOA	EPOA	A	MAIN	SUB	SP	ATA	AID	BPOA	E POA	A	MAIN	SUB
TAS Required by 10/1/2014	_		012			Х	0001	000	+		012			X	0002	000
OR Current TAS format 12X0001									12X0	002	0.2			^	0002	000
BETC DISB								COLL								
Object Class	Code	(Optional)	225	0					0200		A SERVICE				1	
BPN									80120	0181	1	***************************************				
BPN + 4 (Op	tional)								80120	0181	1-1234	ļ				
Additional Accounting Classification/Information (Optional) line 1 @ 16%: \$6,000 15XX/ AP000001AV/ AP00UFAQIO AP00DPCH99/ AP.EX.DEPT.99							EA000/	Accounting Code#								
Requesting A No Year- D	NE	Funding	g Expi	ration D	ate			Red	questing Year-	Age	ncy Fu	nding C	ancellati	on Da	ite	
MM-DD-YY	YY							MN	/I-DD-Y	YYY						
Description of products/serv Filming for FY15 *No Year Funds North America	ices, in for Me	ncluding edFly Trail Not Expir	the bo	ona fide deo: See	need for	this Quo	Order.)			r this	Orde	r (State	or attach	a des	scription	of
Breakdown o	-						o) I tuili	OR		reakd	lown o	f Assist	ed Acan	isitio	n Line C	nst.
Unit of Meas	ure							-	ontract (\$	2 1 200104				001.
Quantity		Unit I	Price		To	tal		Ser	vicing I	Fees	\$		-			
1		\$6,000.	00	\$ 6,0	00.00			Ob	T ligated (otal Cost	\$ 0.	00				
Overhead Fee	s & C	harges		\$				A	Advance	445 PARTIES	\$					
Total Line Ar	nount	Obligate	d	\$ 6,	00.00				Line	e (-)						
								Ne	t Total (Cost	\$ 0.0	00				
								Ass	isted A	cquisi	tion Se	rvicing	Fees Ex	plana	tion	
Advance	Line A	Amount ((-)	S												
Net Lin	e Amo	ount Due		\$ 6,0	00.00											
Type of Serv			ents	Non-se	verable	Serv	rice [□Not	Applica	able						

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

28. Order L	ine/F	inding I	nform	ation							Line	Numbe	er 002		-		
Component TAS Required by 10/1/2014 OR Current TAS format BETC Object Class Code (Optional) BPN BPN + 4 (Optional) Additional Accounting Classification/Information APONDECHOL AP EXPORT COMP						g	Servicing Agency Funding Information										
ALC			1240	03400						12	04012	40					
Component	SP	AID	BPOA	EPOA	A	MAIN	SUB	SP	ATA	AID	BPOA	E POA	A	MAIN	SUB		
TAS Required by 10/1/2014							000	\vdash	-	012			X	0002	000		
									12X0	0002						1000	
								COL	L								
Object Class	Code	(Optional)	225	0					0200)							
BPN								-	-	0181	1						
BPN + 4 (Op	tional))				Т			8012	0181	1-1234	1					
			1515	/ AP0000	002AD/ A	P00A		B123/	Accounting Code#								
09-30-20	15	Funding	g Expi	ration D	ate			(9-30-2	2020	_	nding C	ancellati	on Da	ite		
MM-DD-YY	YY								1-DD-Y	10	7						
Project Num	har &									e)							
Filming for FY15							900)	- (0									
North Americ Breakdown			-			IAIC	S) Numi										
Unit of Meas		IIIDUITSAI	ole Lii	ie Costs	,			OR	ontract			1 Assist	ea Acqu	isitio	n Line C	ost:	
	uic	Unit I	Deina		m.	4.1					\$						
Quantity	-	Unit	rice			tal		Sei	vicing		\$						
1		\$31,50	0.00	\$ 31	,500.00)		Ob	ligated	Fotal Cost	\$ 0.	00		200000			
Overhead Fee	s & C	harges		\$				1	Advanc		\$						
Total Line Ar	nount	Obligate	d	\$ 31	,500.00)			Lin	ne (-)							
								Ne	t Total	Cost	\$ 0.0	00					
								Ass	isted A	cauisi	ition Se	rvicing	Fees Ex	plana	tion	-	
Advance	Line A	Amount	(-)	\$				7		•							
Net Lin	e Amo	ount Due	;	\$ 31	,500.00)					100						
Type of Serv			ents	Non-se	everable	Serv	rice [□Not	Applic	able	83						

IAA Number APH-HQ-15-0001 Servicing Agency's Agreement
GT&C # Order # Amendment/Mod # 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: \$ 37,500.00
[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)
(Option Attachments (Options))
✓ Other Attachments (Optional) 7600A & Quote/Rate Sheet
, cook a gaster late 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
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
34. Payment Terms (Check One)
☐ 7 days ☐ Other Payment Terms (include explanation): Upon Receipt

IAA Number <u>APH-HQ-</u> GT&C		Servicing Agency's Agreement # Tracking Number (Optional) SAMPLE
35. Funding Clauses/Ir	nstructions (Optional) (State and/or list fund	ding 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 Informa	ation	
	APPROVALS AND CONT	ACT INFORMATION
37. PROGRAM OFFICE The Program Officials, a properly defined and car each agency's IAA busin	as identified by the Requesting Agency and a be fulfilled for this Order. The Program Of	Servicing Agency, must ensure that the scope of work is fficial may or may not be the Contracting Officer depending on
	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
SIGNATURE		
Date Signed		
that the funds are accura Agency Funding Official s	ately cited and can be properly accounted for	entified by the Requesting Agency and Servicing Agency, certify for per the purposes set forth in the Order. The Requesting cy Funding Official signs to start the work, and to bill, collect, ordance 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
SIGNATURE		
Date Signed		

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

	CONTACT INFORMAT	TION
advance/accounting information	of Contact (POCs) ontact must ensure that the payment (Requesting on are accurate and timely for this Order.	g Agency), billing (Servicing Agency), and
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 This may include CONTRAC	Contacts (POCs) (as determined by each Agent TING Office Points of Contact (POCs).	ncy)
	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

001

IAA Number APH-HQ-15-0001	00	01	Servi	cing Agency's Agreement						
GT&C#	Order # An	mendment/Mod #		ing Number (Optional) SAM	MPLE •					
P	RIMARY ORGA	ANIZATION/O	FFICE INI	FORMATION						
24.	Requ	uesting Agency		Servicing Ag	ency					
Primary Organization/Office USDA APHIS MRPBS USDA, OC, CMBC Name Vendor Code: 1400000305 Customer Number: 700114										
Odstoffer rediffer. 700114										
Address	Sampleland, U		e. 1	34 MedFly Training Lane Sampleland, USA						
	ORDER/REC	QUIREMENTS	INFORM	ATION						
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. 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. 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 # _1	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 (-)]	\$	\$	\$	s	\$ 0.00					
Funding Change for This Mod	\$(2,500.00)	\$	\$	\$	\$ (2,500.00)					
TOTAL Modified Obligation	\$35,000.00	\$0.00	\$0.00	\$0.00	\$35,000.00					
Total Advance Amount (-)	\$	\$	\$	\$	\$0.00					
Net Modified Amount Due	\$35,000.00	\$0.00	\$0.00	\$ 0.00	\$35,000.00					
27. Performance Period For a performance period mod, inset the start and end dates that reflect to new performance period.		10-01-2 MM-DD-		End Date 09-30-2 MM-DD-						

IAA Number	APH-HQ-15-0001	. 1	. 001	Servicing Agency's Agreeme	ent
	GT&C#	Order#	Amendment/Mod #	Tracking Number (Optional)	

28. Order I	ine/Fu	inding I	nform	ation							Line	Numbe	er 001		*	
				Reques	y Fundi	ng		Ser	vicing	Agency	Fundin	g Inf	ormation	1		
ALC			1240	3400						120	04012	40				
Component TAS Required	SP	ATA	AID	BPOA	EPOA	A	MAIN	SUB	SP	ATA	AID	BPOA	E POA	A	MAIN	SUB
by 10/1/2014			012			X	0001	000			012			X	0002	000
OR Current TAS format 12X0001								12X0	0002					-pA-, activo residence		
BETC DISB								COL	.L	>-10111-7-2		- Personal		200		
Object Class	Code	(Optional)	225	0				Ser atailes	0200)						
BPN				J1102 WW.111 1855					8012	0181	1					
BPN + 4 (Or	tional))			<=====================================		22-22-14-22-23		8012	0181	1-1234	4		11011-220		11.51.5-0.00
Additional A Classification (Optional)			15XX	@ 16%: // AP0000 DPCH99	001AV/ A		JFAQIUF T.99	EA000/	WBS	ounting Elem s Orde		9 #				
No Year- I	DNE	Funding	g Expi	ration D	ate			N	questin o Year M-DD-	- DNE		nding C	ancellati	on Da	ate	
Description products/serv Filming for FY1: *No Year Funds North Ameri	vices, in 5 for Me 3- Does	ncluding edFly Train Not Expir	the bo	ona fide deo: See	need for	r this Quo	Order.)	u ^l			orde	er (State	or attach	a de	scription	of
Breakdown	of Rei	mbursal	ble Lir	ie Costs				OR	I	Break	lown o	of Assist	ed Acqu	isitio	n Line C	Cost:
Unit of Mea	sure							C	ontract	Cost	\$					
Quantity		Unit l	Price		To	otal		Se	rvicing	Fees	\$		19			
1		\$5,600	.00	\$ 5,	600.00			Ot	ligated	Total Cost	\$ 0.	.00				
Overhead Fe	es & C	harges		\$					Advanc		\$					
Total Line A	mount	Obligate	ed	\$ 5,	600.00				Li	ne (-)						
								No	et Total	Cost	\$ 0.00					
					1.2			As	sisted A	Acquis	ition S	ervicing	Fees Ex	plana	tion	
Advance	Line A	Amount	(-)	\$												
Net Li	ne Amo	ount Due	;	\$ 5,	600.00								ä			
Type of Serv	rice Re	quirem	ents													
✓ Sever	able Se	ervice		Non-se	verable	Serv	vice [t Appli	cable						

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

28. Order L	ine/Fu	ınding I	nform	ation		***					Line	Numbe	er 002		-	
				Reque	sting Ag			ng		Ser	vicing	Agency	Fundin	g Inf	ormation	1
ALC		8	12403400					least control	1	12	04012	40	W-144	-		
Component	SP	ÁTA	AID	BPOA	EPOA	A	MAIN	SUB	SP	ATA	AID	BPOA	E POA	A	MAIN	SUB
TAS Required by 10/1/2014	-		012	2015	2015		1234	000	\vdash		012			X	0002	000
OR Current	ΓAS fo	rmat		1234					12X0	002	1012		L		0002	1000
BETC			DIS	and the same of th				Will	COL							
Object Class Code (Optional) 2250									0200			_50000000000000000000000000000000000000				
BPN		•							8012	000000000000000000000000000000000000000	1					
BPN + 4 (Op	tional))	\vdash						8012	0181	1-1234	1				
Additional Accounting Classification/Information (Optional) Line 2 @ 84%: \$29,400 1515/ AP00002AD/ AP00AGDISTR AP00DPCH99/ AP.EX.DEPT.99							B123/	Acco WBS Sales	Elem	0.0000000000000000000000000000000000000	#				2	
Requesting A 09-30-20	15	Funding	g Expi	ration D	ate			_ (9-30-2	020	_	nding C	ancellati	on Da	ite	
MM-DD-YY	YY			7009 191				MN	N-DD-Y	/YYY	7					
Project Num	hau e				ng Vide					9)						
Filming for FY15 North Americ								her (O	ntional)		12	Mayori Salasan				
Breakdown						MIC	b) Nuiii	OR			lown o	f Accies	od A son	iaitia	n Line C	'antı
Unit of Meas		111041361	JIC IJII	ic Cost		+	-		ontract	-	\$	1 7133131	eu Acqu	IISILIU	II Lille C	ost.
Quantity		Unit I	Price		To	tal		-	vicing		\$	V-51	-		3. -2310.000-1	
1		\$29,40	0.00	\$ 29	9,400.00)		Ob	ligated	otal Cost	\$ 0.	00				
Overhead Fee	es & C	harges		\$					Advance	e for	\$					
Total Line Ar	nount	Obligate	ed	\$ 29	9,400.00)			Lin	e (-)						
								Ne	t Total	Cost	\$ 0.0	00				
								Ass	isted A	cauisi	ition Se	rvicing	Fees Ex	plana	tion	
Advance Line Amount (-)							7						P			
Net Lin	e Amo	ount Due	,	\$ 29	,400.00)										
Type of Serv	ice Re	auirem	ents			-										
✓ Severa				Non-se	everable	Serv	rice [□Not	Applic	able						
	-			_												

IAA Number APH-HQ-15-0001 Serv	icing Agency's Agreement
GT&C # Order # Amendment/Mod # Trac	king Number (Optional) SAMPLE
	38 2 4 2 5 2 5 2 5 2 5 2 5 2 5 2 5 2 5 2 5
29. Advance Information (Complete Block 29 if the Advance Payment for Pro-	oducts/Services was checked "Yes" on the GT&C.)
Total Advance Amount for the Order \$ [All Order I	Line advance amounts (Block 28) must sum to this total.]
Revenue Recognition Methodology (according to SFFAS 7) (Identify the Revaccount for the Requesting Agency's expense and the Servicing Agency's reve	venue Recognition Methodology that will be used to nue)
Straight-line – Provide amount to be accrued \$ and N	Jumber of Months
Accrual Per Work Completed – Identify the accounting posting period:	_3
☐ 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 A	Acquisition Agreements)
Other Attachments (Optional)	
7600A & Quote/Rate Sheet	
BILLING & PAYMENT INFOR	MATION
32. Payment Method (Check One) [Intra-governmental Payment and Colle If IPAC is used, the payment method must agree with the IPAC Trading Partner.	ection (IPAC) is the Preferred Method.] or Agreement (TPA).
Requesting Agency Initiated IPAC Servicing Agency Initiated	IPAC
☐ Credit Card	ent method and reasoning USDA INTRA
33. Billing Frequency (Check One)	
[An Invoice must be submitted by the Servicing Agency and accepted by the reimbursed (i.e., via IPAC transaction)]	ne Requesting Agency BEFORE funds are
Monthly Quarterly Other Billing Frequency (include exp	lanation)
24 Pourmont Tourne (Cheel, O)	
34. Payment Terms (Check One) Upon Rec	ceipt
7 days Other Payment Terms (include explanation):	

IAA Number APH-HQ-	15-0001 - <mark>- 001</mark>	Servicing Agency's Agreement
GT&C	# Order # Amendment/Mod #	
35. Funding Clauses/In	structions (Optional) (State and/or list fund	ing clauses/instructions.)
36. Delivery/Shipping I	nformation for Products (Optional)	
Agency Name		
Point of Contact (POC) N	Jame & Title	
POC Email Address		
Delivery Address /Room	Number	
POC Telephone Number		
Special Shipping Informa	ition	
	APPROVALS AND CONT	ACT INFORMATION
37. PROGRAM OFFIC		
The Program Officials, a	s identified by the Requesting Agency and S	Servicing Agency, must ensure that the scope of work is ficial may or may not be the Contracting Officer depending on
each agency's IAA busin	ess process.	inclar may of may not be the Contracting Officer depending on
	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
SIGNATURE		
Date Signed		
38. FUNDING OFFICIA	ALS - The Funds Approving Officials, as ider	ntified by the Requesting Agency and Servicing Agency, certify
that the funds are accura-	tely cited and can be properly accounted fo	r per the purposes set forth in the Order. The Requesting
and properly account for	igns to obligate funds. The Servicing Agency funds from the Requesting Agency, in according Agency, in according to the contraction of the contract of the con	y Funding Official signs to start the work, and to bill, collect,
and property adoptine to:		dance with the agreement.
Name	Requesting Agency	Servicing Agency
Title	Mrs. Jones	Mr. Smith
	Signing Official	Signing Official
Telephone Number	(301) 555-1234	(202) 555-1234
Fax Number		
Email Address	Mrs.Jones@sample.gov	Mr.Smith@sample.gov
SIGNATURE		
Date Signed		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

IAA Number APH-HQ-15-0001		- 001	Servicing Agency's Agreement	
GT&C#	Order#	Amendment/Mod #	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 This may include CONTRAC	Contacts (POCs) (as determined by each Age TING Office Points of Contact (POCs).	ncy)
	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)		