

**UNITED STATES GOVERNMENT
ORDER FORM
FS FORM 7600B**



Agreement Between Federal Program Agencies for Intragovernmental Reimbursable, Buy/Sell Activity.
In Accordance with TFM Volume 1, Part 2, Chapter 4700, Appendix 6, Section 9.

<https://www.fiscal.treasury.gov/g-invoice/>

G-Invoicing Required Fields have an (*)

NEW OR MODIFIED ORDER			
1.	*Order Number	Order Number:	
		Modification Number:	
2.	*General Terms & Conditions (GT&C) Number (Associated with this Order):		
3.	*Order Date (YYYY-MM-DD):		
PARTNER INFORMATION			
4.	*Assisted Acquisition Indicator	<input type="radio"/> Yes <input checked="" type="radio"/> No	
5.	*Period of Performance	Start Date:	End Date:
		Requesting Agency (Buyer)	Servicing Agency (Seller)
6.	*Agency Location Code (ALC)	47000016	
7.	*Agency Name	GSA-MSO-HSPD-12	
8.	Cost Center		
9.	Business Unit		
10.	Department ID		
11.	Order Tracking Number		
12.	Agency Business Partner Network (BPN)	964253686	
AUTHORITY INFORMATION			
		Requesting Agency (Buyer)	Servicing Agency (Seller)
13.	*Statutory Authority Fund Type Code	<input type="radio"/> Franchise Fund <input type="radio"/> Revolving Fund <input type="radio"/> Economy Act <input type="radio"/> Other Authority <input type="radio"/> Working Capital Fund	<input type="radio"/> Franchise Fund <input checked="" type="radio"/> Revolving Fund <input type="radio"/> Economy Act <input type="radio"/> Other Authority <input type="radio"/> Working Capital Fund
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14.	Statutory Authority Fund Type Title	Acquisition Services Fund	
15.	Statutory Authority Fund Type Title	40 USC 321	
16.	Program Authority Title		
17.	Program Authority Citation		

ADVANCE INFORMATION (Required by Serving Agency if there is an advance.)		
18.	Advance Revenue Recognition Methodology	<input type="radio"/> Straight Line <input type="radio"/> Accrual per Work Completed <input type="radio"/> Monthly <input checked="" type="radio"/> Other
19.	Advance Revenue Recognition Description (required if "Other")	
20.	Advance Payment Authority Title	
21.	Advance Payment Authority Citation	
22.	Total Advance Amount	

DELIVERY INFORMATION (Requesting Agency completes this section.)		
23.	*FOB Point	<input type="radio"/> Source/Origin <input type="radio"/> Destination <input type="radio"/> Other
24.	Constructive Receipt Days	(Calendar Days) *Required if Destination/Other is checked on line 23.
25.	Acceptance Point	<input type="radio"/> Source/Origin <input type="radio"/> Destination <input type="radio"/> Other
26.	Place of Acceptance	
27.	Inspection Point	<input type="radio"/> Source/Origin <input type="radio"/> Destination <input type="radio"/> Other
28.	Place of Inspection	

ORDER BILLING (Servicing Agency completes.)		
29.	*Billing Frequency	Please Select One: Monthly
30.	Billing Frequency Explanation	

ORDER BILLING (Requesting Agency completes.)		
31.	Priority Order Indicator	<input type="radio"/> Yes <input type="radio"/> No
32.	Capital Planning and Investment Control (CPIC)	<input type="radio"/> Yes <input type="radio"/> No

LINE ITEMS (Additional Lines/Schedules may be added using the + button after Block 93)		
33.	*Line Number	
34.	Order Line Status	
35.	*Item Code	
36.	*Item Description	HSPD-12 Services
37.	*Line Costs Unit of Measure (UOM)	
38.	*Unit of Measure (UOM) Description	
39.	Total Line Costs	
40.	Order Line Advance Amount	
41.	Product/Service Identifier	
42.	*Capitalized Asset Indicator	
43.	Item UID Required Indicator	
44.	*Type of Service Requirements	Severable

SCHEDULE SUMMARY (Additional Lines/Schedules may be added using the + button after Block 93)		
45.	*Schedule Number	
46.	Advance Pay Indicator	
47.	*Cancel Status (schedule)	

48.	*Schedule Unit Cost/Price	
49.	*Order Schedule Quantity	
50.	Order Schedule Amount	

SCHEDULE FUNDING INFORMATION

		Requesting Agency (Buyer)								Servicing Agency (Seller)								
		SP	ATA	AID	BPOA	EPOA	A	MAIN	SUB	SP	ATA	AID	BPOA	EPOA	A	MAIN	SUB	
51.	*Agency TAS											0	4	7		X	4534	001
52.	*Agency Business Event Type Code (BETC)	DISB								COLL								
53.	Agency Business Partner Network (BPN) + 4																	
54.	Object Class Code									25								
55.	Additional Accounting Classification									285F.00.Q00TEAB0.IT31.AF151.25.H08								
56.	*Description of Products and/or Services, including Bond Fide Need for this order. (Buyer only)																	

SLOA INFORMATION (*To capture Agency Internal Accounting)

57.	Accounting Classification Reference Number																
58.	Reimbursable Flag	<input checked="" type="radio"/> Yes <input type="radio"/> No															
		Requesting Agency (Buyer)								Servicing Agency (Seller)							
59.	Federal Award Identifier Number (FAIN)																
60.	Unique Record Identifier (URI)																
61.	Activity Address (AAC)																
62.	Budget Line Item																
63.	Budget Fiscal Year																
64.	Security Cooperation (FMS)																
65.	Security Cooperation Implementing Agency Code																
66.	Sub-Allocation																
67.	Agency Accounting Identifier																
68.	Funding Center Identifier																
69.	Cost Center Identifier																
70.	Project Identifier																
71.	Activity Identifier																
72.	Cost Element Code																
73.	Work Order Number																
74.	Functional Area																
75.	Agency Security Cooperation Case Designator																

76.	Parent Award Identifier (PAID)		
77.	Procurement Instrument Identifier (PIID)		
SCHEDULE SHIPPING INFORMATION			
78.	Ship To Address Identifier		
79.	Ship To Agency Title		
80.	Address 1		
81.	Address 2		
82.	Address 3		
83.	Ship To City		
84.	Ship To Postal Code		
85.	Ship To State	Alabama	
86.	Ship To Country Code		
87.	Ship To Location Description		
88.	Delivery/Shipping Information for Product Special Shipping Information		
89.	Delivery/Shipping POC Name		
90.	Delivery/Shipping Information for Product POC Title		
91.	Delivery/Shipping Information for Product POC E-mail Address		
92.	Delivery/Shipping Information for Product POC Telephone Number		
93.	Agency Additional Information		

AGENCY POINT OF CONTACTS (POC)

		Requesting Agency (Buyer)	Servicing Agency (Seller)
94.	*Agency POC Name		Lorraine Irizarry
	*Agency POC E-mail		lorraine.irizarry@gsa.gov
	*Agency POC Phone No.		212-264-8164
	Agency POC Fax No.		

AGREEMENT APPROVALS

FUNDING OFFICIAL

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 (Buyer)	Servicing Agency (Seller)
95.	*Funding Official Name		
	*Signature		
	Funding Official Title		
	*Funding Official E-mail		
	*Funding Official Phone No.		
	Funding Official Fax No.		
	*Funding Official Date Signed		

PROGRAM OFFICIAL

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 (Buyer)	Servicing Agency (Seller)
96.	*Program Official Name		Darlene Gore
	*Signature		
	Program Official Title		Director
	*Program Official E-mail		darlene.gore@gsa.gov
	*Program Official Phone No.		703-517-0805
	Program Official Fax No.		
	*Program Official Date Signed		

AGENCY PREPARER INFORMATION

Requesting Agency (Buyer)

97.	*Name	
	*Phone No.	
	*E-mail Address	