



UNITED STATES DEPARTMENT OF THE INTERIOR

INTER/INTRA-AGENCY AGREEMENT (IAA)

1. Period of Performance



START	END

Buyer has work performed for them by the Seller named in item 6b.

Seller to perform work as described herein for the agency named in item 6a.

SEE INSTRUCTIONS ON PAGE 2

2. Common Document Number (Agreement Number)

3. Check appropriate box

☐ Original

☐ Modification No.

4. Under the authority of (Cite authorities):

☐ 43 U.S.C. 1701 et seq., (FLPMA)

☐ Working Capital Fund (WCF)

☐ Department of the Interior Appropriation Act for FY

☐ Other: _____

☐ 31 U.S.C. 1535 (the Economy Act)

5. Description of Work (If more space is needed, attach additional sheets):

PROJECT TITLE:

Buyer	Seller
6a. Agency: Address: Address: Administrative POC Email: Phone Fax Technical Point of Contact: Email: Phone Fax	6b. Agency: Address: Address: Administrative POC: Email: Phone Fax Technical Point of Contact: Email: Phone Fax

ACCOUNT DATA	BUYER	SELLER
7. Agency Location Code	7a.	7b.
8. BPN Number (DUNS #) FSN	8a.	8b.
9. Treasury Account Symbol (TAS)	9a.	9b.
10. Standard General Ledger	10a.	10b.
11. Cost Structure/Account	11a.	11b.
12. Business Event Type Code	12a.	12b.
13. Requisition Number for Buyer/Project Account for Seller	13a.	13b.
14. Contract Line Number for Buyer/ Proposal Number or other data for Seller	14a.	14b.
15. Buyer provide Expiration of Funding Source (Date or indefinite)	15a.	15b. NOTE: Seller, ensure project completion by this date (Seller must not incur additional costs) See Block 15a

16. Amount Obligated by Buyer	17. Bill To (Name and Address, including zip code of Finance Office):
a. Initial or current obligation: \$	Name:
b. Modification Amount (check one) \$ <input type="checkbox"/> Increase <input type="checkbox"/> Decrease	Address:
c. Total obligation: \$	Address:

18. Billing for Federal Agencies and DOD will be processed via IPAC. (billing will be done ☐ bi-weekly ☐ monthly ☐ quarterly ☐ in advance)

Upon Approval, this agreement constitutes an obligation against Buyer requesting the work; or authority to proceed with work by Seller for the herein named agency in anticipation of reimbursement.

19. Approved for Buyer: _____ (Contracting Officer or other Authorized Signature) *other only for WCF	20. Approved by Seller: _____ (Seller's Authorizing Signature)
19a. Name (Type):	20a. Name (Type):
19b. Title:	20b. Title:
19c. Date:	20c. Date:

INSTRUCTIONS FOR INTER/INTRA-AGENCY AGREEMENT (IAA)

*NOTE: Information **highlighted** is to be completed by, or obtained from, the Seller Agency*

IAA – BUYER TO HAVE WORK PERFORMED BY A PARTICIPATING (SELLER) AGENCY

***Note: Complete Items below for a single funding line – continuation page is required for multiple lines of funding**

The Buyer executes this form, completes and obligates information under Buyer data elements.

1. Enter the start and end date (period of performance) in which work will be completed.
2. Enter the Common Document Number (Inter/intra Agency Agreement number).
3. Check “Original” if first submission, “Modification” and enter modification number if modification.
4. Check 31 U.S.C. 1535” unless another specific legislative authority exists, in which case that authority is shown under “other”. If 31 U.S.C. 1535 is checked, an Economy Act Determination **must** be prepared by the project manager and approved by a warranted Contracting Officer with delegated authority.
5. Provide a Project Title and description of the work to be performed in accordance with Acquisition, Section 1510-17.5.
6. Enter the Buyer Agency office name, city, state, zip code, Buyer technical and administrative contact names and phone nos. with area code, also include fax and Email address.
- 6a.** Enter the Seller Agency office name, city, State, Buyer technical and administrative contact names and phone nos. with area code, also include fax and Email address. These fields can be completed by the Seller if unknown to the Buyer.

This data will be referenced on your Treasury IPAC bill

- 7a. Provide your 8 digit Agency Location Code (ALC) assigned by Treasury.
- 8a. Type your Business Partner Network Number (DUNS No.) as registered in Federal Register, this is also referred to as the FSN for Dept. of Defense.
- 9a. Provide the Treasury Account Symbol (TAS) for this funding line.
- 10a. Determine the Treasury Standard General Ledger accounts (SGL) for this funding request.
- 11a. Enter the account cost structure for your Agency. This may include an office identifier, program and budget object class.
- 12a. Provide the Business Event Type Code (BETC) for this action.
- 13a. Type the Requisition Number referenced to support this Agreement.
- 14a. Contract Line Number for this funding.
- 15a. Provide the Fund Expiration date, or type ‘Indefinite’ (for no year funds).

***Items 9a – 14a are specific for each line of funding on the obligation document. See * above.**

7b-14b. Seller Agency completes these items.

This data will be used to cross-reference the IA with the Seller’s reimbursable account.

16. For an original IA; enter the amount to complete items a, c, and d. For modification; complete items a, b, c, and d.
- 16a. Enter the Initial or current obligation amount
- 16b. Enter the Modification Amount
- 16c. Check appropriate box to indicate if the funding is being increased or decreased by this action.
17. Enter the Buyer Agency, Bill To - Finance Office address, include office name, city, state, and zip code.

Forward a copy of this draft Agreement for completion of the Seller Agency account data.

Obtain a signed, accepted copy of this Agreement from the Buyer Agency.

Ensure that the data elements in 7b-14b have been completed.

18. Check the preferred billing schedule for the Buyer Agency and ensure that the term is acceptable for both Buyer and Seller.
19. IA must be signed by a warranted Contracting Officer with delegated authority. IA is not signed by the Buyer until approved in block 20 by the participating agency.
20. Signature of approving official for the participating agency.

Send a fully executed copy of this Agreement to the Seller Agency after obligation is recorded in the Financial System via the IDEAS/PRISM system.

PARTICIPATING SELLER AGENCY TO SUPPORT THE BUYER AGENCY

The Draft IAA is received for completion by the Seller Agency.

This data will be used to cross-reference the IAA with the Seller Agency’s reimbursable account in FFS or SAP.

- 6b. Enter the Seller Agency office name, city, State, Buyer technical and administrative contact names and phone nos. with area code, also include fax and Email address. These fields can be completed by the Buyer
- 7b. Provide your 8 digit Agency Location Code (ALC) assigned by Treasury.
- 8b. Type your Business Partner Network Number (DUNS No.) as registered in Federal Register, this is also referred to as the FSN for Dept. of Defense.
- 9b. Provide the Treasury Account Symbol (TAS) for this funding line.
- 10b. Determine the Treasury Standard General Ledger accounts (SGL) for your reimbursable account.
- 11b. Enter the cost structure / account classification for your Agency’s reimbursable. This may include an office identifier, program and budget object class. (Note: This cost structure **must** be charged with time or expenditures for billing to occur.)
- 12b. Provide the Business Event Type Code (BETC) for this action.
- 13b. Type the Project or Job Number assigned to track expenses for completing the work requested in Agreement.
- 14b. Enter any additional Seller account reference data. (Project code assigned, Proposal number, sub-agreement contract reference)
- 15b. Seller to ensure completion by this date (No additional costs may be incurred).
- 16. To be completed by Buyer**
17. Ensure that the billing term is acceptable by Seller Agency.
20. Ensure that the approval signature is an agent authorized to accept or behalf of the Seller Agency.

Return the IAA copy to the Contracting Officer for execution and obligation.

After Receipt of the fully executed copy of this Agreement, create a reimbursable account in FFS, PCAS or SAP, SD to track expenses that will be IPAC billed against this Obligation.



START	END

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3. Check appropriate box

☐ Original☐ Modification No.

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