

**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 8.

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

G-Invoicing Required Fields have an (*)

NEW OR MODIFIED ORDER			
1.	*Order Number	Order Number: Enter unique funding document obligation number	
		Order Modification Number: Enter modification (amendment) number	
2.	Order Status		
3.	*General Terms & Conditions (GT&C) Number	Confirm the accuracy of the GT&C number created in the G-Invoicing Treasury Platform	
4.	*Order Create Date		
PARTNER INFORMATION			
5.	*Assisted Acquisition Indicator	Select "Yes"	
6.	*Period of Performance	Start Date: Enter Start Date	End Date: Enter End Date
		Requesting Agency (Buyer)	Servicing Agency (Seller)
7.	*Agency Location Code (ALC)	Enter eight-digit Pay Office ALC	Enter DOI ALC: "14010001"
8.	*Agency Name	Enter Agency Name	Select: "Dept of the Interior - Office of the Secretary"
9.	Group Name	Enter Group Name	Select: "Acquisition Services Directorate"
10.	Cost Center		
11.	Business Unit		
12.	Department ID		
13.	Order Tracking Number		
14.	Unique Entity ID		
15.	Funding Office Code (Buyer Only)	Use dropdown filter to select "buyer code"	
16.	Funding Agency Code (Buyer Only)	Use dropdown filter to select "buyer code" FPDSNG Offices ; ezSearch ;	
17.	Comments		
AUTHORITY INFORMATION			

18.	*Statutory Authority Fund Type Code	Select "Franchise Fund"
19.	Statutory Authority Fund Type Title	Government Management Reform Act of 1994
20.	Statutory Authority Fund Type Citation	Section 403, Government Management Reform Act of 1994 (Pub. L. No 103-356) as amended
		Requesting Agency (Buyer)
		Servicing Agency (Seller)
21.	Program Authority Title	
22.	Program Authority Citation	

ADVANCE INFORMATION

(Required by Servicing Agency if there is an advance.)

23.	Advance Revenue Recognition Methodology	
24.	Advance Revenue Recognition Description (required if "Other")	
25.	Advance Payment Authority Title	
26.	Advance Payment Authority Citation	
27.	Total Advance Amount	

DELIVERY INFORMATION

(Requesting Agency completes this section.)

28.	*FOB Point	Select "Source"
29.	Constructive Receipt Days	
30.	Acceptance Point	
31.	Place of Acceptance	
32.	Inspection Point	
33.	Place of Inspection	

ORDER BILLING

(Servicing Agency completes this section.)

34.	*Billing Frequency	Select "Monthly"
35.	Billing Frequency Explanation	

ORDER BILLING

(Requesting Agency completes this section.)

36.	Priority Order Indicator	
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37.	Capital Planning and Investment control (CPIC)	
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LINE ITEM

L 1		*Line Number	1, 2, 3, etc. (Fee Cost need to be separated on its own line)
L 1		Order Line Status	Enter "Active"
L 1		*Item Code	PSCs; If unknown, contact AQD CO
L 1		*Item Description	If unknown, contact AQD CO and include contract number if applicable
L 1		*Line Costs Unit of Measure (UOM)	Enter UoM - For example, DO (Dollars), EA (Each), etc.
L 1		*Unit of Measure Description	Enter "Dollars, U.S."
L 1		Total Line Costs	Enter total amount for line. If modification, enter +/- funding amount change
L 1		Order Line Advance Amount	Enter amount that will be advance
L 1		Product/Service Identifier	
L 1		*Capitalized Asset Indicator	Good = T or F; Service = F (if unknown, contact AQD CO)
L 1		Item UID Required Indicator	
L 1		*Type of Service Requirements	Enter Severable or Non-severable (if unknown, contact AQD CO)

SCHEDULE SUMMARY

L 1	S 1	*Schedule Number	1, 2, 3, etc.
L 1	S 1	Advance Pay Indicator	For Advance: Contract Line = Yes, Fee Line = No
L 1	S 1	*Cancel Status (schedule)	Enter "Active"
L 1	S 1	*Schedule Unit Cost/Price	Enter \$1.00
L 1	S 1	*Order Schedule Quantity	Enter the total amount of the line schedule
L 1	S 1	Order Schedule Amount	

SCHEDULE FUNDING INFORMATION

			Requesting Agency (Buyer)							Servicing Agency (Seller)								
L 1	S 1	*Agency TAS	SP	ATA	AID	BPOA	EPOA	A	MAIN	SUB	SP	ATA	AID	BPOA	EPOA	A	MAIN	SUB
					07	2025	2026		0400	000			014			X	4529	000
L 1	S 1	*Agency Business Event Type Code	Enter DISGF (General Fund) or DISNGF (Non-General Funds)									COLL						
L 1	S 1	Object Class Code																

L 1	S 1	Additional Accounting Classification			
L 1	S 1	*Description of Products and/or Services including Bona Fide Need for this order (Buyer Only)	Provide clear, concise, and detailed description of purpose of funds/requirements (include contract/FA application number when applicable) in the Line-item Schedule Sections. Update when applicable for modifications.		

SLOA INFORMATION

*To capture Agency Internal Accounting

			Requesting Agency (Buyer)	Servicing Agency (Seller)
L 1	S 1	Accounting Classification Reference Number		
L 1	S 1	Reimbursable Flag		
L 1	S 1	Federal Award Identifier Number (FAIN)		
L 1	S 1	Unique Record Identifier (URI)		
L 1	S 1	Activity Address		
L 1	S 1	Budget Line Item		
L 1	S 1	Budget Fiscal Year		
L 1	S 1	Security Cooperation (FMS)		
L 1	S 1	Security Cooperation Implementing Agency Code		
L 1	S 1	Security Cooperation Case Line Item Identifier		
L 1	S 1	Sub-Allocation		
L 1	S 1	Agency Accounting Identifier		
L 1	S 1	Funding Center Identifier		
L 1	S 1	Cost Center Identifier		
L 1	S 1	Project Identifier		
L 1	S 1	Activity Identifier		
L 1	S 1	Disbursing Identifier		
L 1	S 1	Cost Element Code		
L 1	S 1	Work Order Number		
L 1	S 1	Functional Area		
L 1	S 1	Agency Security Cooperation Case Designator		

L 1	S 1	Parent Award Identifier (PAID)		
L 1	S 1	Procurement Instrument Identifier (PIID)		

SCHEDULE SHIPPING INFORMATION

(Requesting Agency completes this section.)

L 1	S 1	Ship To Address Identifier		
L 1	S 1	Ship To Agency Title		
L 1	S 1	Address 1		
L 1	S 1	Address 2		
L 1	S 1	Address 3		
L 1	S 1	Ship To City		
L 1	S 1	Ship To Postal Code		
L 1	S 1	Ship To State		
L 1	S 1	Ship To Country		
L 1	S 1	Ship To Location Description		
L 1	S 1	Delivery/Shipping Information for Product Special Shipping Information		
L 1	S 1	Delivery/Shipping POC Name		
L 1	S 1	Delivery/Shipping Information for Product POC Title		
L 1	S 1	Delivery/Shipping Information for Product POC E-mail Address		
L 1	S 1	Delivery/Shipping Information for Product POC Telephone Number		

Requesting Agency (Buyer)

Servicing Agency (Seller)

L 1	S 1	Agency Additional Information		
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CLOSE ORDER

38.	Closing Date	
	Closing comments	

REJECT ORDER

39.	Reject Date	
	Reject comments	

AGENCY POINTS OF CONTACTS (POC)

		Requesting Agency (Buyer)	Servicing Agency (Seller)
40.	*Agency POC Name	DOE, JANE	John Doe
	*Agency POC E-mail	jane.doe@agency.gov	aqdfundingdocuments@ibc.doi.gov
	*Agency POC Phone No	###-###-####	N/A
	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)
41.	*Funding Official Name	SMITH, JOHN	Jane Smith
	*Signature	Electronic Approval On File	Electronic Approval On File
	Funding Official Title	Funding Official	Budget Analyst
	*Funding Official E-mail	smith.john@agency.gov	aqdfundingdocuments@ibc.doi.gov
	*Funding Official Phone No	###-###-####	N/A
	Funding Official Fax No		
	*Funding Official Date Signed	12/20/2024	12/20/2024

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)
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42.	*Program Official Name	JOHNSON, JEREMY	Jane Smith
	*Signature	Electronic Approval On File	Electronic Approval On File
	*Program Official Title	Program Official	Budget Analyst
	*Program Official E-mail	jeremy.johnson@agency.gov	aqdfundingdocuments@ibc.doi.gov
	*Program Official Phone No	###-###-####	N/A
	Program Official Fax No		
	*Program Official Date Signed	12/20/2024	12/20/2024

AGENCY PREPARER INFORMATION

		Requesting Agency (Buyer)	Servicing Agency (Seller)
43.	*Name	MARKS, BRIAN	David Jones
	*Phone No	###-###-####	###-###-####
	*E-mail Address	brian.marks@agency.gov	DAVID_JONES@IBC.DOI.GOV

ATTACHMENTS

Name	File Alias	Uploaded By	Date/Time
HR0011575596.pdf	HR0011575596.pdf	SYSAGENCY01	12/20/2024 10:03 PM
Description Document.docx	Research Description Document.docx	SYSAGENCY01	12/20/2024 10:03 PM