

IAA Order

IAA Number _____ - _____ - _____ Servicing Agency's Agreement
 GT&C # Order # Amendment/Mod # Tracking Number (Optional) _____

28. Order Line/Funding Information										Line Number _____							
Requesting Agency Funding Information										Servicing Agency Funding Information							
ALC																	
Component TAS Required by 10/1/2014	SP	ATA	AID	BPOA	EPOA	A	MAIN	SUB	SP	ATA	AID	BPOA	E POA	A	MAIN	SUB	
OR Current TAS format																	
BETC																	
Object Class Code (Optional)																	
BPN																	
BPN + 4 (Optional)																	
Additional Accounting Classification/Information (Optional)																	
Requesting Agency Funding Expiration Date _____ MM-DD-YYYY										Requesting Agency Funding Cancellation Date _____ MM-DD-YYYY							
Project Number & Title																	
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.)																	
North American Industry Classification System (NAICS) Number (Optional) _____																	
Breakdown of Reimbursable Line Costs										OR Breakdown of Assisted Acquisition Line Cost:							
Unit of Measure										Contract Cost		\$					
Quantity	Unit Price	Total						Servicing Fees		\$							
		\$						Total Obligated Cost		\$							
Overhead Fees & Charges		\$						Advance for Line (-)		\$							
Total Line Amount Obligated		\$						Net Total Cost		\$							
										Assisted Acquisition Servicing Fees Explanation							
Advance Line Amount (-)		\$															
Net Line Amount Due		\$															
Type of Service Requirements																	
Severable Service						Non-severable Service						Not Applicable					