State of Alaska

Reimbursable Services Agreement

Payment Process

- Internal Exchange Trans (IET)
- Internal Trans Agreement (ITA)
- Other

Requesting Agency (Buyer) Results Delivery Unit (RDU) Component

Servicing Agency (Seller) Results Delivery Unit (RDU) Component

I. Project or program title:

II. The servicing agency agrees to provide the requesting agency with the following service(s):

(Answer who, what, where, when, why and how cost estimates are derived. Use attachment if necessary.)

Buyer Program Contact/Phone: __________________________

III. Terms and mechanics of reimbursement:

<table>
<thead>
<tr>
<th>Payment upon approval</th>
<th>Payment upon receipt of inter-agency billing</th>
<th>Payment upon completion of service(s)</th>
<th>Other (Specify)</th>
</tr>
</thead>
</table>

Buyer Vendor/Customer #: __________________________

Commencement date: __________________________

Completion date: __________________________

Billing Email Address: __________________________

Phone #: __________________________

IV. Servicing Agency cost based on:

- Itemized costs of service(s) provided
- Cost allocation schedule (description of allocation methodology must be attached)

V. Schedule of maximum costs to be incurred by the Servicing Agency:

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Original Agreement</th>
<th>Previous Amendment(s)</th>
<th>This Amendment</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal Services</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$0.00</td>
</tr>
<tr>
<td>Travel</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$0.00</td>
</tr>
<tr>
<td>Services</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$0.00</td>
</tr>
<tr>
<td>Commodities</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$0.00</td>
</tr>
<tr>
<td>Capital Outlay</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$0.00</td>
</tr>
<tr>
<td>Grants and Benefits</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$0.00</td>
</tr>
<tr>
<td>Other</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

Total $0.00

Servicing Agency may not change line items without approval of Buyer Agency

VI. Budgeting and Accounting Information:

Requesting Agency Authorization

If Operating, is item on Inter-Agency Services Report? No Yes

Financial coding to be charged

Buyer Dept AR Fund Org Unit Program Task

Template Activity Location

(Open Item # or Doc ID # (RS, EN, or AJE)

Format: Sec Ch SLA Pg Ln OR RPL # XX-X-XXXX)

Federal funds No Yes, Amount

Appropriation Cite

Federal Pass Through: YES NO

Appropriation Cite

Federal Agency/Program/CFDA/Grant/Contract No. Date funds lapse

Servicing Agency Authorization

Is this agreement using budgeted authorization? No Yes

Is item on Restricted Revenue Report? No Yes

Seller Dept

Yes, on detailed Budget Page

AR Fund Org RR Program Other

Template

(Format: Sec Ch SLA Pg Ln OR RPL # XX-X-XXXX)

Servicing Agency Authorized Signature

Printed Name __________________________

Date __________________________

OMB Authorized Signature (as applicable)

Printed Name __________________________

Date __________________________

VII: Approvals & Certification:

The buyer agency and seller agency agree to the terms and conditions above. In addition, the buyer agency certifies that sufficient funds are encumbered to pay this obligation or that there is sufficient unencumbered balance in the appropriation cited to cover this obligation. I am aware that to knowingly make or allow false entries or alterations on a public record; or knowingly destroy, mutilate, suppress, conceal, remove or otherwise impair the verity, legibility or availability of a public record constitutes tampering with public records punishable under AS 11.56.815-820. Other disciplinary action may be take up to and including dismissal.

Requesting Agency Authorized Signature

Printed Name __________________________

Date __________________________

Servicing Agency Authorized Signature

Printed Name __________________________

Date __________________________

OMB Authorized Signature (as applicable)

Printed Name __________________________

Date __________________________

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