

Payment Process
 Internal Exchange Trans (IET) Internal Trans Agreement (ITA) Other _____

Requesting Agency (Buyer)	Results Delivery Unit (RDU)	Component	ADN #
Servicing Agency (Seller)	Results Delivery Unit (RDU)	Component	ADN #

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: _____ Seller Program Contact/Phone: _____

III. Terms and mechanics of reimbursement: Buyer Vendor/Customer #: _____

Payment upon approval
 Payment upon receipt of inter-agency billing
 Payment upon completion of service(s)
 Other (Specify) _____

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:

	Original Agreement	Previous Amendment(s)	This Amendment	Total
Personal Services	\$ _____	\$ _____	\$ _____	\$ _____ 0.00
Travel	\$ _____	\$ _____	\$ _____	\$ _____ 0.00
Services	\$ _____	\$ _____	\$ _____	\$ _____ 0.00
Commodities	\$ _____	\$ _____	\$ _____	\$ _____ 0.00
Capital Outlay	\$ _____	\$ _____	\$ _____	\$ _____ 0.00
Grants and Benefits	\$ _____	\$ _____	\$ _____	\$ _____ 0.00
Other	_____	_____	_____	_____ 0.00
Total	\$ _____ 0.00	\$ _____ 0.00	\$ _____ 0.00	\$ _____ 0.00

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

VI. Budgeting and Accounting Information :

Requesting Agency Authorization Capital Operating
 If Operating, is item on Inter-Agency Services Report? No Yes, on detailed Budget Page _____

Financial coding to be charged
 Buyer Dept _____ AR _____ Fund _____ Org Unit _____ Program _____ Task _____
 Template _____ Activity _____ Location _____ Function _____ Exp Obj _____

(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 Seller Vendor/Customer # _____

Is this agreement using budgeted authorization? No Yes Seller Dept _____
 Is item on Restricted Revenue Report? No Yes, on detailed Budget Page _____

AR _____ Fund _____ Org _____ RR _____ Program _____ Other _____ Template _____
 AR _____ Fund _____ Org _____ RR _____ Program _____ Other _____ Template _____

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