

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.

Required fields for the FS Form 7600B are denoted with an (*)
Additional fields required when an Agency transitions to G-Invoicing are denoted by a (G)

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

NEW OR MODIFIED ORDER

1.	Order Number	^G Order Number: MUST MATCH 7600A	
		Requesting Agency (Buyer)	Servicing Agency (Seller)
		* Order Tracking Number WORK SPONSOR #	* Order Tracking Number MIT-LL Project #
		^G Modification Number: BASIC OR MOD#	
		^G Order Status: Open	
2.	^G Same as Order Number		
3.	*Order Date (yyyy-mm-dd):		

PARTNER INFORMATION

4.	*Assisted Acquisition Indicator	Yes	
		Original Base/Current Modification	New/Proposed Modification
5.	*Period of Performance	Start Date (yyyy-mm-dd): Must fall within 7600A Date	Start Date (yyyy-mm-dd):
		End Date (yyyy-mm-dd): Must fall within 7600A Date	End Date (yyyy-mm-dd):
		Requesting Agency (Buyer)	Servicing Agency (Seller)
6.	*Agency Location Code (ALC)	Sponsor enter	00003801
7.	*Agency Name	Sponsor enter	US Air Force
8.	*Group Name	Sponsor enter	AFLCMC/AZS
9.	^G Group Description	Sponsor enter	Strategic Services Division
10.	Cost Center		
11.	Business Unit		
12.	Department ID		
13.	Unique Entity Identifier (UEI)	Sponsor enter	F2BDBM
14.	Funding Office Code (Buyer Only)		
15.	Funding Agency Code (Buyer Only)		
16.	Comments	<p>By signing this document, the signatory hereby verifies that the funds are of a type appropriate for the particulars of this specific requirement.</p> <p>I understand the purpose of the cost recovery charge and agree to make funds available to pay this cost per transaction.</p>	

Contract number (FA8702-15-D-0001 or FA8702-D-B002);

AUTHORITY INFORMATION

17.	*Statutory Authority Fund Type Code	Select One: Economy Act	
18.	Statutory Authority Fund Type Title		
19.	Statutory Authority Fund Type Citation		
		Requesting Agency (Buyer)	Servicing Agency (Seller)
20.	Program Authority Title		
21.	Program Authority Citation		

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

22.	Advance Revenue Recognition Methodology	Select One:	
23.	Advance Revenue Recognition Description (required if "Other")		
24.	Advance Payment Authority Title		
25.	Advance Payment Authority Citation		
		Original Base/Current Modification Total	New/Proposed Modification Total
26.	Total Advance Amount		
27.	Advance Amount Funding Change for this Modification [Addition (+) or Reduction (-)]		
28.	Total Modified Advance Amount		

DELIVERY INFORMATION (Requesting Agency completes.)

29.	*FOB Point	Select One: Source/Origin	
30.	Constructive Receipt Days	(Calendar Days) *Required if Destination/Other is checked on line 29.	
31.	Acceptance Point	Select One:	
32.	Place of Acceptance		
33.	Inspection Point	Select One:	
34.	Place of Inspection		

ORDER BILLING (Servicing Agency completes.)

35.	*Billing Frequency	Select One: Monthly	
36.	Billing Frequency Explanation	May become bi-monthly as requested by MIT-LL	

ORDER BILLING (Requesting Agency completes.)

37.	Priority Order Indicator		
38.	Capital Planning and Investment Control (CPIC)		
		Original Base/Current Modification Total	New/Proposed Modification Total
39.	*Total Order Amount		\$New Obligation
40.	Total Modification Amount		
41.	Total Modified Order Amount		Original Base + New

42.	Total Modified Advance Order Amount		
43.	Net Order Amount		

LINE ITEMS (Additional Lines/Schedules may be added using the + button after Block 116)

		Original Base/Current Modification Total	New/Proposed Modification Total
44.	*Line Number	REQUIRED (Ex: 001, 002)	
45.	Order Line Status	ACTIVE	
46.	Item Code		
47.	*Item Description	Tasks #X-X	
48.	*Line Costs Unit of Measure (UOM)	DO	
49.	*Unit of Measure Description	US Dollars	
50.	Total Line Costs	\$AMOUNT TO BE OBLIGATED ON CONTRACT + COST RECOVERY FEE	
51.	Line Cost Funding Change for this Modification [Addition (+) or Reduction (-)]		
52.	Total Modified Line Costs		
53.	Order Line Advance Amount		
54.	Order Line Advance Amount Funding Change for this Modification [Addition (+) or Reduction (-)]		
55.	Total Modified Order Line Advance Amount		
56.	Product/Service Identifier		
57.	*Capitalized Asset Indicator (Servicing Agency Only)	False	
58.	Item UID Required Indicator		
59.	*Type of Service Requirements	Projects will be considered non-severable unless explicitly coordinated upon with the AFLCMC/ AZS Contracting Officer.	

SCHEDULE SUMMARY (Additional Lines/Schedules may be added using the + button after Block 116)

		Original Base/Current Modification Total	New/Proposed Modification Total
60.	*Schedule Number		
61.	Advance Payment Indicator		
62.	*Cancel Status (Schedule)	ACTIVE	
63.	*Schedule Unit Cost/Price		
64.	Schedule Unit Cost/Price Funding Change for this Modification [Addition (+) or Reduction (-)]		
65.	Total Modification Schedule Unit Cost/Price		

66.	*Order Schedule Quantity		
67.	Order Schedule Quantity Change for this Modification [Addition (+) or Reduction (-)]		
68.	Net Modification Order Schedule Quantity		
69.	Order Schedule Amount		
70.	Order Schedule Amount Funding Change for this Modification [Addition (+) or Reduction (-)]		
71.	Total Modified Order Schedule Amount		

SCHEDULE FUNDING INFORMATION

72.	*Agency Treasury Account Symbol (TAS)	Requesting Agency (Buyer)								Servicing Agency (Seller)							
		SP	ATA	AID	BPOA	EPOA	A	MAIN	SUB	SP	ATA	AID	BPOA	EPOA	A	MAIN	SUB
		Sponsor provides								USAF Provides							
73.	*Agency Business Event Type Code (BETC)	Sponsor provides								COLL							
74.	Object Class Code																
75.	Additional Accounting Classification	Sponsor's Line of accounting. Sponsor needs to fill Blocks 72-75 (critical financial information needed to collect on IPACs).								5743600 294 LCHS 69320K 284AB0 50651 000000 503000 F03000 OS4003 AFLCMC/AZS fills right side 72-75. This is a sample.							
76.	*Bona Fide Need (Requesting Agency Only)	Task name															

STANDARD LINE OF ACCOUNTING (SLOA) INFORMATION (Accounting Flex Field Values)

To capture Agency Internal Accounting

		Requesting Agency (Buyer)								Servicing Agency (Seller)							
77.	Accounting Classification Reference Number																
78.	Reimbursable Flag																
79.	Federal Award Identifier Number (FAIN)																
80.	Unique Record Identifier (URI)																
81.	Activity Address Code																
82.	Budget Line Item																
83.	Budget Fiscal Year																
84.	Security Cooperation																
85.	Security Cooperation Implementation Agency																
86.	Security Cooperation Case Designator																
87.	Security Cooperation Case Line Item Identifier																
88.	Sub-Allocation																

89.	Agency Accounting Identifier		
90.	Funding Center Identifier		
91.	Cost Center Identifier		
92.	Project Identifier		
93.	Activity Identifier		
94.	Disbursing Identifier		
95.	Cost Element Code		
96.	Work Order Number		
97.	Functional Area		
98.	Agency Security Cooperation Case Designator		
99.	Parent Award Identifier (PAID)		
100.	Procurement Instrument Identifier (PIID)		

SCHEDULE SHIPPING INFORMATION

101.	Ship To Address Identifier		
102.	Ship To Agency Title		
103.	Address 1		
104.	Address 2		
105.	Address 3		
106.	Ship To City		
107.	Ship To Postal Code		
108.	Ship To State		
109.	Ship To Country Code		
110.	Ship To Location Description		
111.	Delivery/Shipping Information for Product Special Shipping Information		
112.	Delivery/Shipping POC Name		
113.	Delivery/Shipping Information for Product POC Title		
114.	Delivery/Shipping Information for Product POC E-mail Address		
115.	Delivery/Shipping Information for Product POC Telephone Number		

116.	Agency Additional Information	Requesting Agency (Buyer)	Servicing Agency (Seller)
			Please send the IAA package to the AZS MIT-LL Common inbox: AFLCMC.AZS.MIT.LL@us.af.mil

MODIFY ORDER	
117.	Modification Date (yyyy-mm-dd):
118.	Brief explanation required for modifying this Order: <i>Provide reason for modification, if applicable. Please also include a statement pertaining to the Cost Recovery Fee such as "This amount includes..."</i>
CLOSE ORDER	
119.	Closing Date (yyyy-mm-dd):
120.	Brief explanation required for closing this Order:
REJECT ORDER	
121.	Rejection Date (yyyy-mm-dd):
122.	Brief explanation required for rejecting this Order:

AGENCY POINT OF CONTACTS (POC)			
		Requesting Agency (Buyer)	Servicing Agency (Seller)
123.	*Agency POC Name		
	*Agency POC E-mail		
	*Agency POC Phone No.		
	Agency POC Fax No.		

AGREEMENT APPROVALS			
FUNDING OFFICIAL			
<p>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.</p>			
		Requesting Agency (Buyer)	Servicing Agency (Seller)
124.	*Funding Official Name		Zachary Taylor
	*Signature		
	Funding Official Title		FFRDC Budget Chief AFLCMC/AZS
	*Funding Official E-mail		zachary.taylor.41@us.af.mil
	*Funding Official Phone No.		380-456-7024
	Funding Official Fax No.		
	*Funding Official Date Signed (yyyy-mm-dd)		

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)
125.	*Program Official Name		Kathryn McKittrick
	*Signature		
	Program Official Title		USAF Lead Program Manager MIT-LL
	*Program Official E-mail		AFLCMC.AZS.MIT.LL@us.af.mil
	*Program Official Phone No.		380-456-3863
	Program Official Fax No.		
	*Program Official Date Signed (yyyy-mm-dd)		

AGENCY PREPARER INFORMATION

Requesting Agency (Buyer)		
126.	*Name	
	*Phone No.	
	*E-mail Address	