## REIMBURSEMENT OR ADVANCE OF FUNDS AGREEMENT

1 AGREEME	ER (25)	2 FISCAL YEAR (4	1)	3 ESTIMATED AMOUNT (11)				4 AC	4 AGY. BILL IND. (1)		5 TRANS. 6 ACTION CODE (1)		1)				
7 AGEN	8 A	8 AGENCY PERFORMING SER				RVICE	VICE										
NAME (32)	NAME (32)																
1ST LINE AD	1ST LINE ADDRESS (32)																
2ND LINE AD	DDRESS (3	2)				2ND	LINE ADDRE	SS (32)									
CITY (21) STATE (2) ZIP CC					CODE (10)	CITY (21)						STATE (2) ZIP CODE (10)					
9 SERVICES	S TO BE PI	ERFORMED (G	Give brief exp	lanation and basis for d	letermining cost of s	service	s. Attach ac	ddition	al sheet if n	eeded.	)						
10 LIST REF	ERENCES	TO CORRESP	ONDENCE RE	LATIVE TO THIS WORK (	Requesting agency	only.)	(50)										
		OF AGREE				12 METHOD OF PAYMENT											
EFFECTIVE DATE (From) CONTINUING THROUGH													ADVANCE OF FUNDS				
13 FINAN	VCING(	REQUEST	RY N	BILLING	FREC	QUENCY		TYPE OF ACCOUNT									
		BOL AND TITLE		WILKING	OF CERTIFICED		JECT, ALLOT	MENT,	OR WORKPI	AN NO	(As ap	plicable)					
14 FINAN	NCING(	REQUEST		NCY WHEN SE		FC)											
AGENCY CODE	FUND CODE	ACCT. STATION	ACCOUNT	ING CLASSIFICATION B	D E						OBJECT AMOUNT						
2	2	4	5	10	5 C	3	4	1	4	1	2	4		9		2	
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45 FINIAN	ICINIC	DEDEODA	UNIO AGE	NOV													
15 FINAN AGENCY	,	PERFORM		,								00.1505					
CODE	FUND CODE	ACCT. STATION	A	ACCOUNTING CLASSIFICATION  A  B			D		E			OBJECT CLASS		AM	OUNT		
2	2	4	5	10	5	3	4	1	4	1	2	4		9		2	
								$\perp$									
16 LEAVE FA	ACTOR	17 FICA FACT	FOR	18 OVERHEAD FACTO	DR	1											
(3)	(2)	(3)	(2)		2)												
19 REQU	JESTIN	G AGENC	20 PERFORMING AGENCY APPROVAL														
SIGNATURE	SIGN	SIGNATURE DATE															
TITLE	TITLE																
PERSON TO	CONTACT			PHONE (Area Code and	d No.) FTS COMM	/ PER	SON TO CON	ГАСТ			F	HONE (Ar	rea Code	and No	.) FTS	COMN	
l																	

- 1. AGREEMENT NUMBER Enter the Performing Agency's Agreement Number Enter up to 25 Positions Alpha/Numeric. First 6 Positions must be:
  - 1 2 Agency Code 3 4 Fund Code 5 6 Fiscal Year
- 2. FISCAL YEAR Enter 4 Positions, e.g. 1984.
- ESTIMATED AMOUNT Enter up to \$999,999,999; omit commas and decimal
- 4. AGENCY BILLING INDICATOR Enter 1, 2, 3, or 4.
  - 1 Requesting Agency is an agency serviced by NFC's MISC system
  - Requesting Agency is a Government Agency. Bill SF 1081
  - 3 Requesting Agency is a Government Agency. Bill SF 1080
  - 4 Requesting Agency is other than Federal Government Bill AD-631
- 5. TRANSACTION CODE Enter 0, 1, 2, A, B, C
  - 0 Revenue Government

1 - Refund - Government

- Reimbursement - Government

A - Revenue - Public B - Refund - Public

- C Reimbursement Public
- 6. ACTION CODE Enter 1, 2, 3, or 4
  - 1 Add New Agreement

  - Change Existing Agreement
    Delete Existing Agreement
    Issue Bill for Method of Payment upon
    demand or upon completion of work

## NAME AND ADDRESS OF REQUESTING AGENCY

Name (32 positions)
1st Line Address (32 positions)
2nd Line Address (32 positions) City (21 Positions) State (2 positions) Zip Code (9 positions)

- 8. NAME AND ADDRESS OF PERFORMING AGENCY Same as item number seven.
- SERVICES TO BE PERFORMED Enter brief narrative.
- 10.. LIST REFERENCES FOR CORRESPONDENCE -Enter reference data that the Requesting Agency requires for Correspondence of Billing (e.g., Requesting Agency Agreement Number) or Authority for Agreement (e.g., Public Law 97-212).
- 11. DURATION OF AGREEMENT EFFECTIVE DATE -Enter month, day, year.

CONTINUING THROUGH - Enter month, day, year.

## 12. METHOD OF PAYMENT

BILLING FREQUENCY - Enter 0, 1, 2, 3, 4, or 5

0 - Immediately

Monthly

Quarterly 3 Semi-annually

Upon completion of work

Upon demand

## TYPE OF ACCOUNT

0 - Transfer of Appropriation Account1 - Consolidated Working Fund

- 13. FINANCING (Requesting Agency When NOT serviced by NFC) - Complete this block only when the requesting agency does not participate in the Central Accounting System processed by the USDA's National Finance Center.
- 14. FINANCING (Requesting Agency When serviced by NFC) Complete this block only when the requesting agency does participate in the Central Accounting System processed by the USDA's National Finance Center.

Agency Code - Enter 2 digit NFC assigned agency code.

Fund Code - Enter 2 digit NFC assigned fund code.

Accounting Station - Enter assigned accounting station code.

Accounting Classification Code - Enter accounting classification code of requesting agency.

Object Class - Self explanatory.

Amount - Enter the estimated agreement amount allowable to each accounting classification code.

- 15. FINANCING (Performing Agency) Enter agency code, fund code, accounting station, accounting classification code, object class, and amount as stated in 14 above. Accounting codes used in this agreement cannot be duplicated in any other agreement number.
- 16. LEAVE FACTOR. If leave is to be considered in billing the Requesting Agency for services, enter the leave factor. Enter 10.6% as 010/60 or 10/6.
- 17. FICA FACTOR. If FICA taxes paid are to be considered in billing for the Requesting Agency for services, enter the FICA factor. Enter 6.85% as 006/85 or 6/85.
- 18. OVERHEAD FACTOR. If overhead is to be considered in billing the Requesting Agency for services, enter the overhead factor. Enter 18% as 018/18.0.
- 19. APPROVAL FOR REQUESTING AGENCY Self explanatory.
- 20. APPROVAL FOR PERFORMING AGENCY Self explanatory.