

United States Department of Agriculture
INVOICE COVER SHEET FOR IAS PAYMENTS (IAS-001)

1. IAS Order Number AG-	2. Prompt Pay Type / Commodity Code: Select one of the following: <input type="checkbox"/> C Construction (Progress Payment) 14 days <input type="checkbox"/> D Dairy Products 10 days <input type="checkbox"/> M Meat or Meat Food Products 7 days <input type="checkbox"/> O Other or Construction Final Payment 30 days <input type="checkbox"/> P Perishable Agricultural Commodities 10 days <input type="checkbox"/> See Block 11 Notes <small>(if blank APB will default to 'O' Other)</small>	3. Date of Invoice	4. Date Invoice Received at Billing Address <small>(Invoice should be date stamped when rec'd)</small>
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5. Vendor Invoice No:	6a. Vendor Name:	6b. FFIS Vendor ID Code:
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7a. IAS Receipt Number	8a. Award Line Number	9a. Dollar Amount	7b. IAS Receipt Number	8b. Award Line Number	9b. Dollar Amount
Total Amount to be Paid				10.	

11. Notes

16. Attach one invoice per form and *fax to 504-426-8247. When scanning/emailing the invoice, forward to apb.ias@usda.gov. Or mail to: (Use of Window Envelope is Optional)*

U.S. Department of Agriculture
 Controller Operations Division
 Administrative Payments Branch
 IAS Invoice Processing Section
 P.O. Box 60075
 New Orleans, LA 70160

AUTHORIZED OFFICIAL	
12. Name, Title and Address of Agency Official	
13. Signature	
14. Date	15. Phone Number

INSTRUCTIONS/SAMPLE

1. IAS Order Number <h3 style="text-align: center;">AG-3100-P-06-0001</h3>		2. Prompt Pay Type / Commodity Code: Select one of the following: <input checked="" type="checkbox"/> C Construction (Progress Payment) 14 days <input type="checkbox"/> D Dairy Products 10 days <input type="checkbox"/> M Meat or Meat Food Products 7 days <input type="checkbox"/> O Other or Construction Final Payment 30 days <input type="checkbox"/> P Perishable Agricultural Commodities 10 days <input type="checkbox"/> See Block 11 Notes <small>(if blank APB will default to 'O' Other)</small>			3. Date of Invoice <h3 style="text-align: center;">10/27/2005</h3>		4. Date Invoice Received at Billing Address (Invoice should be date stamped when rec'd) <h3 style="text-align: center;">11/1/2005</h3>	
5. Vendor Invoice No: <h3 style="text-align: center;">54321</h3>		6a. Vendor Name: <h3 style="text-align: center;">Our Construction Company</h3>			6b. FFIS Vendor ID Code: <h3 style="text-align: center;">123111487B</h3>			
7a. IAS Receipt Number	8a. Award Line Number	9a. Dollar Amount		7b. IAS Receipt Number	8b. Award Line Number	9b. Dollar Amount		
50760	0001	2000.00						
50762	0002	1500.00						
				Total Amount to be Paid		10. \$3,500.00		
11. Notes:								

16. Attach one invoice per form and fax to 504-426-8247. When scanning/emailing the invoice, forward to apb.ias@usda.gov. Or mail to: (Use of Window Envelope is Optional)

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 P.O. Box 60075
 New Orleans, LA 70160

AUTHORIZED OFFICIAL	
12. Name, Title and Address of Agency Official M. Y. Job, Contracting Officer 123 Mi Casa Street My City, State Zip	
13. Signature <i>M. Y. Job</i>	
14. Date 11/4/2005	15. Phone Number (505) 123-4567

BLOCK NUMBER

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| <ol style="list-style-type: none"> 1. Enter the IAS Award Number. If the order has both a contract number and an order number, enter the order number. 2. Enter a mark next to the Prompt Pay Type appropriate for the IAS award. If there are special circumstances mark the "See Block 11 Notes" ticker and explain in block 11. 3. Enter the date of the invoice as it appears on the invoice. This would be the date the invoice was issued. 4. Enter the date the invoice was received by the agency. It is important to enter the actual date the invoice was received as it is used in conjunction with the Prompt Payment Type (Block 2) to calculate the invoice payment due date. 5. Enter the Vendor's Invoice Number. If more than one invoice, submit a separate Invoice Cover Sheet for each 6. Enter the vendor's name in 6a and enter in 6b the FFIS Vendor Identification Number (9-character TIN plus 1-character alpha code) from address line 3 on the IAS Award Document. | <ol style="list-style-type: none"> 8. Enter the IAS award line number for each IAS receipt associated with this invoice. 9. Enter the dollar amount for the portion of the referenced receipt to be paid with this invoice. 10. Enter the total amount of the invoice. If the Invoice amount differs from the amount of the receipt lines, please document in Block 11 11. Record any notes, exceptions, or differences for COD/APB as needed for paying the invoice(ex. If an amount other than the invoiced amount should be paid, it must be noted in Block 11 with explanation). 12. Enter the name, title and address of the authorized official. 13. Enter signature of authorized official. 14. Enter the date this form is prepared. 15. Enter the phone number where the authorized official can be reached for additional information. |
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FOLLOW BLOCK NUMBER 7 THROUGH 9 FOR EACH LINE ITEM RECEIVED.

7. Enter the IAS Receipt Number(s) that the invoice should reference.

Fax or mail to this COD/APB address. Attach a single invoice to the back of each Invoice Cover Sheet for IAS Payments.