

| | | | | | |
|---|--|--|--|--|----------------------|
| INTERAGENCY AGREEMENT | | 1. IAA NO NRC-HQ-84-16-I-0007 | | PAGE OF 1 11 | |
| 2. ORDER NO. | | 3. REQUISITION NO OCHCO-16-0237 | | 4. SOLICITATION NO | |
| 5. EFFECTIVE DATE 10/01/2016 | | 6. AWARD DATE 09/15/2016 | | 7. PERIOD OF PERFORMANCE 10/01/2016 TO 09/30/2017 | |
| 8. SERVICING AGENCY OPM ALC: DUNS: +4: NA POC Jennifer Wingerberg TELEPHONE NO. 202-418-3243 | | 9. DELIVER TO US NUCLEAR REGULATORY COMMISSION- MAIL PROCESSING CENTER 4930 BOILING BROOK PARKWAY ROCKVILLE MD 20852 USA | | | |
| 10. REQUESTING AGENCY HR ALC: DUNS: +4: US NUCLEAR REGULATORY COMMISSION ONE WHITE FLINT NORTH 11555 ROCKVILLE PIKE ROCKVILLE MD 20852-2738 POC Fatima Shuler TELEPHONE NO. 301-415-7044 | | 11. INVOICE OFFICE US NUCLEAR REGULATORY COMMISSION ONE WHITE FLINT NORTH 11555 ROCKVILLE PIKE MAILSTOP O3-E17A ROCKVILLE MD 20852-2738 | | | |
| 12. ISSUING OFFICE US NRC - HQ ACQUISITION MANAGEMENT DIVISION MAIL STOP TWFN-5E03 WASHINGTON DC 20555-0001 | | 13. LEGISLATIVE AUTHORITY Economy Act | | 14. PROJECT ID | |
| | | | | 15. PROJECT TITLE - E-OPF | |
| 16. ACCOUNTING DATA 2016-X0200-FEEBASED-84-84D099-51-H-156-6023-253A | | | | | |
| 17. ITEM NO. | 18. SUPPLIES/SERVICES | 19. QUANTITY | 20. UNIT | 21. UNIT PRICE | 22. AMOUNT |
| 00001 | The Office of Personnel Management (OPM) shall provide the U.S. Nuclear Regulatory Commission (NRC) with Day Forward Support services for Electronic Official Personal Folder (eOPF). Master IAA: N/A To award new IAA for EOPF for the Day forward for FY 2017 The total amount of award: \$53,501.50. The obligation for this award is shown in box 24. | | | | 53,501.50 |
| 23. PAYMENT PROVISIONS | | | 24. TOTAL AMOUNT \$53,501.50 | | |
| 25a. SIGNATURE OF GOVERNMENT REPRESENTATIVE (SERVICING) <i>[Signature]</i> | | | 25b. SIGNATURE OF GOVERNMENT REPRESENTATIVE (REQUESTING) <i>[Signature]</i> | | |
| 25b. NAME AND TITLE DW FINANCIAL & PMO Manager | | 25c. DATE 9/14/2016 | 26b. CONTRACTING OFFICER FATIMA SHULER | | 26c. DATE 9/15/16 |

TEMPLATE - ADM001

SUNSI REVIEW COMPLETE

JAN 25 2017

ADM002

**Federal Data Solutions
Data Warehouse Program**

electronic Official Personnel Folder (eOPF)

Scanning Cost Estimate

Date Sent: **09/12/2016**

| | |
|--------------------------|------------------------------|
| Requesting Agency | |
| Name: | NRC |
| POP: | 10/01/2016-07/15/2017 |



| Category | Product/Service Description | Cost/Doc. | Qty | Total Cost |
|----------------------------|--|---------------|------------------|---------------------|
| Total Scanning Cost | Number of SINGLE scanning documents | \$1.15 | 46523.044 | \$ 53,501.50 |
| | | | SUBTOTAL | \$ 53,501.50 |

Additional Info

Folder: Approximately 65 SINGLE scanning documents
Box: Approximately 2,500 SINGLE scanning documents
 Number of Items in boxes and folders are based off estimates not actuals,
 please use your best judgment when estimating.

Total Funding: **\$ 53,501.50**

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**United States Government
Interagency Agreement (IAA) – Agreement Between Federal Agencies
General Terms and Conditions (GT&C) Section**

IAA Number NRC-HQ-84-16-I-0007 - 0000 -
 GT&C # _____ Order # Amendment/Mod # _____

| DEPARTMENT AND/OR AGENCY | | |
|--|--|---|
| 1. | Requesting Agency of Products/Services | Servicing Agency Providing Products/Services |
| | Name U.S. Nuclear Regulatory Commission | U.S. Office of Personnel Management Data Warehouse |
| | Address 11545 Rockville Pike Rockville MD 20852 | 1900 E. St. NW, Room B469J Washington, D.C. 20415 |
| 2. Servicing Agency Agreement Tracking Number (Optional) _____ | | |
| 3. Assisted Acquisition Agreement Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | |
| 4. GT&C Action (Check action being taken) | | |
| <input checked="" type="checkbox"/> New | | |
| <input type="checkbox"/> Amendment – Complete only the GT&C blocks being changed and explain the changes being made. | | |
| <input type="checkbox"/> Cancellation Provide a brief explanation for the IAA cancellation and complete the effective End Date. | | |
| 5. Agreement Period Start Date <u>10-01-2016</u> End Date <u>07-15-2017</u> of IAA or effective cancellation date MM-DD-YYYY MM-DD-YYYY | | |
| 6. Recurring Agreement (Check One) A Recurring Agreement will continue, unless a notice to discontinuic is received. | | |
| Yes <input type="checkbox"/> If Yes, is this an: Annual Renewal <input type="checkbox"/> | | |
| Other Renewal <input type="checkbox"/> State the other renewal period: _____ | | |
| No <input checked="" type="checkbox"/> | | |
| 7. Agreement Type (Check One) <input checked="" type="checkbox"/> Single Order IAA <input type="checkbox"/> Multiple Order IAA | | |
| 8. Are Advance Payments Allowed for this IAA (Check One) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If Yes is checked, enter Requesting Agency's Statutory Authority Title and Citation | | |
| Note: Specific advance amounts will be captured on each related Order. | | |

**United States Government
Interagency Agreement (IAA) – Agreement Between Federal Agencies
General Terms and Conditions (GT&C) Section**

IAA Number NRC-HQ-84-16-1-0007 - 0000 -
 GT&C # _____ Order # Amendment/Mod #

| | | | | | | | |
|--|-------------------------------------|--------------------------|---------------------------------------|--------------------------|-------------------------------------|--------------------|--|
| 9. Estimated Agreement Amount (The Servicing Agency completes all information for the estimated agreement amount.) Optional for Assisted Acquisitions | | | | | | | |
| <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Direct Cost _____</td> <td style="text-align: right;">\$53,501.50</td> </tr> <tr> <td>Overhead Fees & Charges _____</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>Total Estimated Amount _____</td> <td style="text-align: right;">\$53,501.50</td> </tr> </table> | Direct Cost _____ | \$53,501.50 | Overhead Fees & Charges _____ | \$0.00 | Total Estimated Amount _____ | \$53,501.50 | Provide a general explanation of the Overhead Fees & Charges |
| Direct Cost _____ | \$53,501.50 | | | | | | |
| Overhead Fees & Charges _____ | \$0.00 | | | | | | |
| Total Estimated Amount _____ | \$53,501.50 | | | | | | |
| 10. STATUTORY AUTHORITY | | | | | | | |
| a. Requesting Agency's Authority (Check One) | | | | | | | |
| Franchise Fund | Revolving Fund | Working Capital Fund | Economy Act (31 U.S.C. 1535/FAR 17.5) | Other Authority | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | |
| Fill in Statutory Authority Title and Citation for Franchise Fund, Revolving Fund, Working Capital Fund, or Other Authority | | | | | | | |
| b. Servicing Agency's Authority (Check One) | | | | | | | |
| Franchise Fund | Revolving Fund | Working Capital Fund | Economy Act (31 U.S.C. 1535/FAR 17.5) | Other Authority | | | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Fill in Statutory Authority Title and Citation for Franchise Fund, Revolving Fund, Working Capital Fund, or Other Authority OPM Revolving Fund Authority, 5 U.S.C. Section 1304(f) | | | | | | | |
| 11. Requesting Agency's Scope (State and/or list attachments that support Requesting Agency's Scope.) | | | | | | | |
| _____ _____ _____ | | | | | | | |
| 12. Roles & Responsibilities for the Requesting Agency and Servicing Agency (State and/or list attachments for the roles and responsibilities for the Requesting Agency and the Servicing Agency.) | | | | | | | |
| _____ _____ _____ | | | | | | | |

United States Government
Interagency Agreement (IAA) – Agreement Between Federal Agencies
General Terms and Conditions (GT&C) Section

IAA Number NRC-HQ-84-16-I-0007 - 0000 -
GT&C # _____ Order # Amendment/Mod # _____

13. Restrictions (Optional) (State and/or attach unique requirements and/or mission specific restrictions specific to this IAA).

14. Assisted Acquisition Small Business Credit Clause (The Servicing Agency will allocate the socio-economic credit to the Requesting Agency for any contract actions it has executed on behalf of the Requesting Agency.)

15. Disputes: Disputes related to this IAA shall be resolved in accordance with instructions provided in the Treasury Financial Manual (TFM) Volume I, Part 2, Chapter 4700, Appendix 10; Intragovernmental Business Rules.

16. Termination (Insert the number of days that this IAA may be terminated by written notice by either the Requesting or Servicing Agency.)

60

If this agreement is canceled, any implementing contract/order may also be canceled. If the IAA is terminated, the agencies shall agree to the terms of the termination, including costs attributable to each party and the disposition of awarded and pending actions.

If the Servicing Agency incurs costs due to the Requesting Agency's failure to give the requisite notice of its intent to terminate the IAA, the Requesting Agency shall pay any actual costs incurred by the Servicing Agency as a result of the delay in notification, provided such costs are directly attributable to the failure to give notice.

17. Assisted Acquisition Agreements Requesting Agency's Organizations Authorized To Request Acquisition Assistance for this IAA. (State or attach a list of Requesting Agency's organizations authorized to request acquisition assistance for this IAA.)

18. Assisted Acquisition Agreements Servicing Agency's Organizations authorized to Provide Acquisition Assistance for this IAA. (State or attach a list of Servicing Agency's organizations authorized to provide acquisition for this IAA.)

19. Requesting Agency Clause(s) (Optional) (State and/or attach any additional Requesting Agency clauses.)

**United States Government
Interagency Agreement (IAA) - Agreement Between Federal Agencies
General Terms and Conditions (GT&C) Section**

IAA Number NRC-HQ-84-16-I-0007 - 0000 -
GT&C # Order # Amendment/Mod #

20. Servicing Agency Clause(s) (Optional) (State and/or attach any additional Servicing Agency clauses.)

21. Additional Requesting Agency and/or Servicing Agency Attachments (Optional) (State and/or attach any additional Requesting Agency and/or Servicing Agency attachments.)

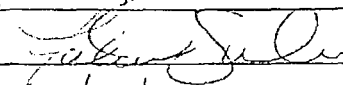
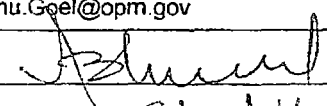
22. Annual Review of IAA
By signing this agreement, the parties agree to annually review the IAA if the agreement period exceeds one year. Appropriate changes will be made by amendment to the GT&C and/or modification to any affected Order(s).

AGENCY OFFICIAL

The Agency Official is the highest level accepting authority or official as designated by the Requesting Agency and Servicing Agency to sign this agreement. Each Agency Official must ensure that the general terms and conditions are properly defined, including the stated statutory authorities, and, that the scope of work can be fulfilled per the agreement.

The Agreement Period Start Date (Block 5) must be the same as or later than the signature dates.

Actual work for this IAA may NOT begin until an Order has been signed by the appropriate individuals, as stated in the Instructions for Blocks 37 and 38.

| 23. | Requesting Agency | Servicing Agency |
|---------------------|---|--|
| Name | Fatima Shuler | Ashu Goel |
| Title | Contracting Officer | Associate Chief Information Officer |
| Telephone Number(s) | (301) 415-7044 | (202) 418-4326 |
| Fax Number | | (202) 606-1004 |
| Email Address | Fatima.Shuler@nrc.gov | Ashu.Goel@opm.gov |
| SIGNATURE |  |  |
| Approval Date | 9/12/16 | 9/13/16 |

United States Government
Interagency Agreement (IAA) – Agreement Between Federal Agencies
Order Requirements and Funding Information (Order) Section

IAA Number NRC-HQ-84-16- -0007 Servicing Agency's Agreement
 GT&C # Order # Amendment/Mod # Tracking Number (Optional) _____

| PRIMARY ORGANIZATION/OFFICE INFORMATION | | | | | |
|--|---|-------------------|---------------|---|---------------|
| 24. | Requesting Agency | | | Servicing Agency | |
| Primary Organization/Office Name | U.S. Nuclear Regulatory Commission OCHCO | | | U.S. Office of Personnel Management Data Warehouse | |
| Responsible Organization/Office Address | 11545 Rockville Pike Rockville MD 20852 | | | 1900 E. St. NW, Room B469J Washington, D.C. 20415 | |
| ORDER/REQUIREMENTS INFORMATION | | | | | |
| 25. Order Action (Check One) | | | | | |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Modification (Mod) List affected Order blocks being changed and explain the changes being made. For Example: for a performance period mod. state new performance period for this Order in Block 27. Fill out the Funding Modification Summary by Line (Block 26) if the mod involves adding, deleting or changing Funding for an Order Line. | | | | | |
| <input type="checkbox"/> Cancellation -- Provide a brief explanation for Order cancellation and fill in the Performance Period End Date for the effective cancellation date. | | | | | |
| 26. Funding Modification Summary by Line | | | | | |
| | Line # _____ | Line # _____ | Line # _____ | Total of All Other Lines (attach funding details) | Total |
| Original Line Funding | \$ | \$ | \$ | \$ | \$0.00 |
| Cumulative Funding Changes From Prior Mods (addition (+) or reduction (-)) | \$ | \$ | \$ | \$ | \$ 0.00 |
| Funding Change for This Mod | \$ | \$ | \$ | \$ | \$0.00 |
| TOTAL Modified Obligation | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Total Advance Amount (-) | \$ | \$ | \$ | \$ | \$0.00 |
| Net Modified Amount Due | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 27. Performance Period | | | | | |
| | Start Date | <u>10-01-2016</u> | End Date | <u>07-15-2017</u> | |
| | | MM-DD-YYYY | | MM-DD-YYYY | |
| For a performance period mod, insert the start and end dates that reflect the new performance period. | | | | | |

IAA Order

IAA Number NRC-HQ-84-16-I-0007

GT&C # _____

Order # _____

Amendment Mod # _____

Servicing Agency's Agreement

Tracking Number (Optional) _____

| | | | | | | | | | | | | | | | | |
|--|----|-------------|-----------------------|--------------|------|---|------|----------------------|-----------|--|----------|------|--------------------------|---|------|-----|
| 28. Order Line/Funding Information | | | | | | | | | | | | | Line Number _____ | | | |
| Requesting Agency Funding Information | | | | | | | | | | Servicing Agency Funding Information | | | | | | |
| ALC | | 31-000001 | | | | | | | | 24-000001 | | | | | | |
| Component | SP | ATA | AID | BPOA | EPOA | A | MAIN | SUB | SP | ATA | AID | BPOA | EPOA | A | MAIN | SUB |
| TAS required by 06/1/2011 | | | 031 | | | X | 0200 | 031 | | | 024 | | | X | 4571 | 024 |
| OR Current TAS format | | | | | | | | | | | | | | | | |
| BETC | | | DISB | | | | | | COLL | | | | | | | |
| Object Class Code (Optional) | | | 253A | | | | | | | | | | | | | |
| BPN | | | 040535809 | | | | | | 791188589 | | | | | | | |
| BPN + 4 (Optional) | | | | | | | | | | | | | | | | |
| Additional Accounting Classification/Information (Optional) | | | 2016-84-51-H-156-6023 | | | | | | | | | | | | | |
| Requesting Agency Funding Expiration Date | | | | | | | | | | Requesting Agency Funding Cancellation Date | | | | | | |
| MM-DD-YYYY | | | | | | | | | | MM-DD-YYYY | | | | | | |
| eOPF Day Forward Support for FY17 | | | | | | | | | | | | | | | | |
| Project Number & Title | | | | | | | | | | | | | | | | |
| Description of Products and/or Services, including the Bona Fide Need for this Order (State or attach a description of products/services, including the bona fide need for this Order.) | | | | | | | | | | | | | | | | |
| eOPF Day Forward Support for FY17 | | | | | | | | | | | | | | | | |
| North American Industry Classification System (NAICS) Number (Optional) _____ | | | | | | | | | | | | | | | | |
| Breakdown of Reimbursable Line Costs | | | | | | | | | | OR Breakdown of Assisted Acquisition Line Cost: | | | | | | |
| Unit of Measure | | | | | | | | Contract Cost | | \$ | | | | | | |
| Quantity | | Unit Price | | Total | | | | Servicing Fees | | \$ | | | | | | |
| 1 | | \$53,501.50 | | \$ 53,501.50 | | | | Total Obligated Cost | | \$ 0.00 | | | | | | |
| Overhead Fees & Charges | | | | \$ | | Advance for Line (-) | | | | | \$ | | | | | |
| Total Line Amount Obligated | | | | \$ 53,501.50 | | Net Total Cost | | | | | \$ -0.00 | | | | | |
| Advance Line Amount (-) | | | | \$ | | Assisted Acquisition Servicing Fees Explanation | | | | | | | | | | |
| Net Line Amount Due | | | | \$ 53,501.50 | | | | | | | | | | | | |
| Type of Service Requirements | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Severable Service <input checked="" type="checkbox"/> Non-severable Service <input type="checkbox"/> Not Applicable | | | | | | | | | | | | | | | | |

IAA Order

IAA Number NRC-HQ-84-16-I-0007 Servicing Agency's Agreement
GT&C # _____ Order # _____ Amendment/Mod # _____ Tracking Number (Optional) _____

29. Advance Information (Complete Block 29 if the Advance Payment for Products/Services was checked "Yes" on the GT&C.)
Total Advance Amount for the Order \$ 53,501.50 (All Order Line advance amounts (Block 28) must sum to this total.)

Revenue Recognition Methodology (according to SFAS 7) (Identify the Revenue Recognition Methodology that will be used on account for the Requesting Agency's expense and the Servicing Agency's revenue)
 Straight-line Provide amount to be accrued \$ _____ and Number of Months _____
 Accrual Per Work Completed -- Identify the accounting posting period:
 Monthly per work completed & invoiced
 Other Explain other regular period (bimonthly, quarterly, etc.) for posting accruals and how the accrual amounts will be communicated if other than billed: _____

30. Total Net Order Amount: \$ 53,501.50
[All Order Line Net Amounts Due for reimbursable agreements and Net Total Costs for Assisted Acquisition Agreements (Block 28) must sum to this total.]

31. Attachments (State or list attachments.)
 Key project and/or acquisition milestones (Optional except for Assisted Acquisition Agreements)

 Other Attachments (Optional)

BILLING & PAYMENT INFORMATION

32. Payment Method (Check One) [Intra-governmental Payment and Collection (IPAC) is the Preferred Method.]
[If IPAC is used, the payment method must agree with the IPAC Timing Partner Agreement (TPA)]
 Requesting Agency Initiated IPAC Servicing Agency Initiated IPAC
 Credit Card Other - Explain other payment method and reasoning: _____

33. Billing Frequency (Check One)
An Invoice must be submitted by the Servicing Agency and accepted by the Requesting Agency BEFORE funds are reimbursed (i.e., via IPAC transaction).
Advance Billing
 Monthly Quarterly Other Billing Frequency (include explanation): _____

34. Payment Terms (Check One)
 7 days Other Payment Terms (include explanation): _____

IAA Order

IAA Number NRC-HQ-84-16-1-0007

CT&C =

Order #

Amendment/Mod #

Servicing Agency's Agreement

Tracking Number (Optional)

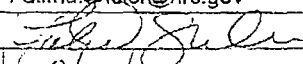
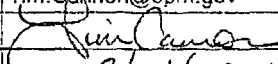
35. Funding Clauses/Instructions (Optional) (State and/or list funding clauses/instructions.)

36. Delivery/Shipping Information for Products (Optional)

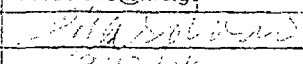
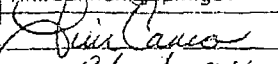
| | |
|-------------------------------------|--|
| Agency Name | |
| Point of Contact (POC) Name & Title | |
| POC Email Address | |
| Delivery Address /Room Number | |
| POC Telephone Number | |
| Special Shipping Information | |

APPROVALS AND CONTACT INFORMATION

37. PROGRAM OFFICIALS
 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 | Servicing Agency |
|------------------|---|--|
| Name | Fatima Shuler | Tim Cannon |
| Title | Contracting Officer | Data Warehouse Financial & PMO Manager |
| Telephone Number | (301) 415-7044 | (202) 606-4353 |
| Fax Number | | (202) 606-1004 |
| Email Address | Fatima.Shuler@nrc.gov | Tim.Cannon@opm.gov |
| SIGNATURE |  |  |
| Date Signed | 9/12/16 | 9/14/2016 |

38. FUNDING OFFICIALS - The Funds Approving Officials, as identified by the Requesting Agency and Servicing Agency, certify that the funds are available 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.

| | Requesting Agency | Servicing Agency |
|------------------|---|--|
| Name | Ilka Solorio | Tim Cannon |
| Title | Funds Certifying Official | Data Warehouse Financial & PMO Manager |
| Telephone Number | (301) 287-0591 | (202) 606-4353 |
| Fax Number | | (202) 606-1004 |
| Email Address | ilka.solorio@nrc.gov | Tim.Cannon@opm.gov |
| SIGNATURE |  |  |
| Date Signed | 9/12/16 | 9/14/2016 |

IAA Order

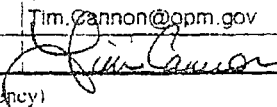
IAA Number NRC-HQ-84-16-1-0007

Servicing Agency's Agreement

GT&C # _____

Order # _____ Amendment/Mod # _____

Tracking Number (Optional) _____

| CONTACT INFORMATION | | |
|---|---|--|
| FINANCE OFFICE Points of Contact (POCs) | | |
| The finance office points of contact must ensure that the payment (Requesting Agency), billing (Servicing Agency), and advance/accounting information are accurate and timely for this Order. | | |
| 39. | Requesting Agency (Payment Office) | Servicing Agency (Billing Office) |
| Name | Erikka LeGrand | Tim Cannon |
| Title | Branch Chief, Payroll & Payments Branch | Data Warehouse Financial & PMO Manager |
| Office Address | 11545 Rockville Pike Rockville, MD 20852 | 1900 E. St. NW Washington, D.C. 20415 |
| Telephone Number | (301) 415-7748 | (202) 606-4353 |
| Fax Number | | (202) 606-1004 |
| Email Address | Erikka.LeGrand@nrc.gov | Tim.Cannon@opm.gov |
| Signature & Date (Optional) | |  9/14/16 |
| 40. ADDITIONAL Points of Contacts (POCs) (as determined by each Agency) | | |
| This may include CONTRACTING Office Points of Contact (POCs). | | |
| | Requesting Agency | Servicing Agency |
| Name | Kevin Jones | PMO Data Warehouse Correspondence |
| Title | Sr. Management & Program Analyst | |
| Office Address | Three White Flint North 11601 Landsdown Street | Data_Warehouse_Program_Management_Office@opm.gov |
| Telephone Number | (301) 287-0573 | |
| Fax Number | | |
| Email Address | Kevin.Jones@nrc.gov | **See office address box** |
| Signature & Date (Optional) | | |
| Name | Michelle Williams | |
| Title | Human Resource Specialist | |
| Office Address | Three White Flint North 11601 Landsdown Street | |
| Telephone Number | (301) 287-0744 | |
| Fax Number | | |
| Email Address | Michelle.Williams@nrc.gov | |
| Signature & Date (Optional) | | |
| Name | | |
| Title | | |
| Office Address | | |
| Telephone Number | | |
| Fax Number | | |
| Email Address | | |
| Signature & Date (Optional) | | |

Enterprise Human Resource Integration Program
Request for Accounts Receivable Processing

Fiscal Year: **2017**
Fund: **4571XXRB0D**
Program: **1100000**
Organization: **3212120000**

Customer: **NRC**
Agreement Value: **\$53,501.50**
Service: **Day Forward**
Project: **32121217D**
Agreement Number: **32121217DNU0001**

Amount: **\$53,501.50**

Service:
Project:
Agreement Number:

Amount: **\$**

Description: **Please record the agreement funding as noted above and advance bill the total agreement amount.**