

JUN 23 2008

Dear GSA Public Buildings **Service** Customer.

As we approach the end of Fiscal Year 2008, the General Services Administration's (GSA) Public Buildings **Services** (PBS) would like to take this opportunity to remind our customers of the PBS reimbursable work policies and the steps necessary to comply with acquisition and procurement requirements.

We are providing this important information to assist in planning and detailing upcoming procurement actions that will require the processing of Reimbursable Work Authorizations (RWAs). We want to help develop clearly defined scopes of work early in this process and ensure timely management of your service needs and obligation of funds.

For **FY08**, all Civilian Agencies should submit RWA requests to GSA by September 1, 2008.

RWAs received after September 15, 2008 are at a higher risk for **non-**acceptance by September **30th**, and may be returned to the customer for **FY09** funding.

RWA requests must be submitted on **GSA's** RWA Form 2957, dated 1112007 (enclosure 1). Please use the enclosed RWA Customer Checklist as an aid (enclosure 2). An RWA request must include:

- Clearly defined scope of work including **location(s)** of where the work is to be performed.
- Customer agency bona fide need for the requested goods or **services**.

The customer agency funds should not be obligated until the RWA has been accepted by GSA.

Acceptance of an RWA occurs when all of the above **and** the following criteria are met:

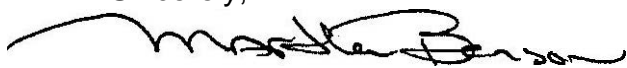
- GSA employee and customer agency agree on the estimate to complete the work requested including the cost for management and indirect services. The cost estimate must equal the agency's certified amount (authorized amount) on the GSA Form 2957 Block 12.
- Agreed to start and completion dates.
- Customer Agency Certifying Official's signature and information on GSA RWA Form 2957 in Block 16.
- GSA Approving Official's signature and information on GSA RWA Form 2957 in Block 30.

- Customer agency's finance billing office information on the GSA RWA Form 2957 in Block 14.
- Customer agency's valid funding authorities, which includes the following:
 1. Agency Location Code (ALC)
 2. Agency Accounting Data
 3. **BPN/DUNs** Number
 4. Treasury Account Symbol
 5. Fund Year
 6. Fund Type (Annual, No-year, or Multiple-year)
 7. Requisition ID (for IRS only)

We value you as our customer and hope that our procurement and reimbursable work practices are clear and helpful.

Should you have questions, please contact your GSA PBS Regional RWA Policy Subject Matter Experts (enclosure 3). Additional RWA information including frequently asked questions is available on our National RWA website: www.gsa.gov/rwachange.

Sincerely,



Martha Benson
Assistant Commissioner
Office of National Customer **S**ervices Management
GSA Public Buildings **S**ervice

Enclosures 1-3

REIMBURSABLE WORK AUTHORIZATION
(See instructions on Page 3)

unless specified otherwise, the authority for this agreement is 40 U.S.C. §592(b)(2).

1. DATE OF REQUEST		2. RWA NUMBER (GSA Use Only)		3. TYPE OF REQUIREMENTS (GSA Use Only) <input type="checkbox"/> SEVERABLE <input type="checkbox"/> NON-SEVERABLE <input type="checkbox"/> GOODS	
4. AGENCY AND BUREAU NAME				5. WORK LOCATION	
6A. AGENCY CONTACT NAME				6E. AGENCY CONTACTS ADDRESS	
6B. AGENCY CONTACTS TELEPHONE NUMBER					
6C. AGENCY CONTACTS E-MAIL					
6D. AGENCY CONTACTS FAX NUMBER				7. DESCRIPTION OF REQUIREMENTS	
8. AMENDMENT		9A. BILLING TYPE	9B. BILLING TERMS		
RWA amendment provided to change total authorized amount by \$					
10A. AGENCY LOCATION CODE		10B. FISCAL STATION NUMBER (DOD ONLY)	10C. REQUISITION IDENTIFICATION NUMBER		
13A. AGENCY ACCOUNTING DATA (limited to 130 characters)			13B. AGENCY FUND YEAR	11. REQUESTED WORK DATES	12. AGENCY CERTIFIED AMOUNT
				A. START	
				B. COMPLETION	
13C. FUND TYPE (Check One)			13D. EXPIRATION DATE OF OBLIGATIONAL AUTHORITY	13G. TREASURY ACCOUNT SYMBOL	14A. AGENCY BILLING CONTACT E-MAIL ADDRESS
<input type="checkbox"/> ANNUAL APPROPRIATION					
<input type="checkbox"/> NO-YEAR APPROPRIATION					
<input type="checkbox"/> MULTIPLE YEAR APPROPRIATION					
13E. AGENCY/CUSTOMER BUSINESS PARTNER NETWORK/DATA UNIVERSAL NUMBERING SYSTEM NUMBER (BPN/DUNS)		13F. AGENCY/CUSTOMER ORDER NUMBER		14B. AGENCY FINANCE BILLING OFFICE	
				14C. STREET ADDRESS	
				14D. CITY	14E. STATE 14F. ZIP CODE
15A. CREDIT CARD NUMBER		15B. EXPIRATION DATE	15C. TYPE OF CARD	15D. NAME OF CARD HOLDER	

By its signature below, the Requesting Agency certifies (a) that all special funding and procurement requirements of the Requesting Agency, including statutory or regulatory requirements applicable to the funding being provided by the Requesting Agency, have been disclosed to GSA; (b) that all internal reviews/approvals required by the Requesting Agency prior to placing this RWA with GSA have been completed; (c) that the Requesting Agency has a bona fide need in the current fiscal year for the work described in this RWA; and (d) that the funds identified by the Requesting Agency in this RWA are legally available for further obligation and expenditure by GSA in furtherance of the work described in this RWA.

16A. SIGNATURE OF FUND CERTIFYING OFFICIAL			16B. DATE		
16C. NAME OF FUND'S CERTIFYING OFFICIAL			16D. CERTIFYING OFFICIAL'S E-MAIL ADDRESS		
16E. TELEPHONE NUMBER OF CERTIFYING OFFICIAL		PHONE NUMBER	EXTENSION		

GENERAL SERVICES ADMINISTRATION INTERNAL CUSTOMER OR INTERFUND CUSTOMER ONLY

17. FED CODE	18. PEGASYS DOCUMENT NUMBER	19. PEGASYS ACCOUNTING LINE NUMBER	20. FUND CODE	21. INTERFUND YEAR
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NOTE: The General Services Administration will bill in accordance with Federal Management Regulation (41 CFR) Section 102-85.195. It is anticipated that the Agency Certified Amount provided in Block 12 will be sufficient to complete the work requirements of the Requesting Agency. If it is determined that the funds provided by the Requesting Agency will be insufficient to complete the work requested under this agreement, GSA will seek an amended RWA from the Requesting Agency for additional funding prior to incurrence of costs above the Agency Certified Amount.

RWA NUMBER (GSA Use Only)

FOR GENERAL SERVICES ADMINISTRATION USE ONLY

22. PROJECT CONTROL NUMBER	23A. SUMMARY ORGANIZATION CODE	23B. LEASE NUMBER	23C. BUDGET ACTIVITY (Check One) <input type="checkbox"/> PG53 <input type="checkbox"/> PG61 <input type="checkbox"/> PG80	23D. WORK ITEM NUMBER
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23E. CUSTOMER BILLED OFFICE ADDRESS CODE (BOAC)	23F. CORRESPONDENCE SYMBOL	23G. AGENCY BUREAU CODE
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24A. AGREED-UPON CONTRACT AWARD DATE	24B. AGREED-UPON COMPLETION DATE	25. BRIEF PROJECT DESCRIPTION (Limited to 25 Characters).
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26. ACTION (Check one)

NEW

CANCELLED

CHANGE

COMPLETE

27. PLEASE CHECK IF APPROPRIATE

SUPPLEMENTAL LEASE AGREEMENT

OVERTIME UTILITIES

PLANS ATTACHED

28A. ORGANIZATION CODE	28B. BUILDING NUMBER	28C. FUNCTION CODE	28D. OBJECT CLASS	28E. TOTAL

28F. GRAND TOTAL

29A. GSA PROJECT CONTACT NAME

29B. GSA PROJECT CONTACT PHONE NUMBER	29C. GSA PROJECT CONTACT E-MAIL ADDRESS
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30A. GSA APPROVING OFFICIAL'S SIGNATURE	30B. DATE	30C. GSA APPROVING OFFICIAL'S PHONE NUMBER
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30D. GSA APPROVING OFFICIAL'S NAME	31. SELLER/GENERAL SERVICES ADMINISTRATION BUSINESS PARTNER NETWORK/DUNS NUMBER (BPN/DUNS)
30E. GSA APPROVING OFFICIAL'S E-MAIL ADDRESS	

32A. CERTIFICATE OF COMPLETION SIGNATURE	32B. SIGNER'S NAME (Type or Print)	2C COMPLETION DATE
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INSTRUCTIONS

GENERAL: Keep a copy for your record and forward one copy to your **obligating/paying office**

- | ITEM
NUMBER | SPECIFIC ITEM |
|----------------|--|
| 1. | Enter date of work request. |
| 2. | For GSA Use Only Enter Reimbursable Work Authorization Number |
| 3. | For GSA Use Only Check whether the RWA is for severable services, non-severable services, or goods. Goods should only be incidental to a larger PBS project. |
| 4. | Enter name of agency requesting the work. If applicable, enter the specific Agency Bureau name. For example, if an Internal Revenue Service customer, enter "Department of the Treasury, Internal Revenue Service." |
| 5. | Enter location where work is to be performed . |
| 6A-E. | Enter the information regarding the agency's representative responsible for the project, including contact name, telephone number, address, fax number, and e-mail address. The agency's representative must have authority to make decisions regarding the project. |
| 7. | Enter a description of the requirements sufficient to demonstrate a bona fide need. The bona fide needs rule is statutory (31 U.S.C. § 1502) and is defined in the GAO's Principles of Appropriations Law (Red Book) as follows:

<p style="margin-left: 40px;">A fiscal-year appropriation may be obligated only to meet a legitimate, or bona fide need arising in, or in some cases, arising prior to but continuing to exist in, the fiscal year for which the appropriation was made (Red Book p 5-11)</p> <p>Because obligation occurs when GSA accepts a customer's funds, there must be a documented bona fide needs assessment at the time the RWA is accepted. In practice, this means that there must be, at a minimum, a specific, definite and concise description of the requirements associated with the funds at the time of RWA acceptance</p> |
| 8 | Check for an amended RWA. If yes, indicate the dollar amount of the change, the previous total authorized amount, and the new total authorized amount. |
| 9A. | Enter billing type: I=Interfund, P=Prepaid, O=Intergovernmental Payment and Collection (IPAC)/Intergovernmental Transfer System (GOTS), N=Non IPAC/GOTS, 7=Automated Credit Card, C=Credit Card (If billing type "C" is selected, the customer must register through the Department of the Treasury's PAY.GOV system .) |
| 9B. | Enter billing terms: A=Advance, M=Monthly, Q=Quarterly. |
| 10A. | Enter the eight (8) character agency location code. (Treasury Pay-Station Designator) |
| 10B. | DOD IPAC Only. |
| 10C. | Mandatory for Internal Revenue Service Customers; optional for all others. Enter the appropriate Requisition ID number. |
| 11. | Enter requested project start and completion dates. NOTE: This should not be used as the agreed upon contractual award date. Please see Block 24A and Instructions. |
| 12. | Enter the total dollar amount approved for funding. This dollar amount must match the cost estimate provided by GSA. |
| 13A. | This data will print on most billings. Enter agency accounting information (limited to 130 characters). For GSA Internal/Interfund customers, the agency accounting data should include, at a minimum, Organization Code, Function Code, Budget Activity, and the SGL Account. |
| 13B. | Enter the fiscal year of the agency funds. |
| 13C. | Check the appropriate fund type. Fund types may cite one of the following types of appropriations: <ul style="list-style-type: none">▪ Annual - An appropriation provided for a specified fiscal year and available for obligation only during the fiscal year for which made.▪ Multiple Year - An appropriation available for obligation for a definite period in excess of one fiscal year.▪ No Year - Funding available for obligation without fiscal year limitation. |
| 13D. | Enter the expiration date of the obligational authority for the funds if funds are annual or multiple year. For example, if the funds cite an annual appropriation for FY 2007, the expiration date entered would be 9/30/2007 . Do not complete this block if a no year appropriation is marked in Block 13C. |
| 13E. | Enter the Agency/Customer Business Partner Network/Data Universal Numbering System Number (BPN/DUNS) For DOD, this is the DOD Activity Address Code (DODAAC) number |
| 13F. | For Ordering Agency Use Only. Enter number that references this purchase (e.g., agency internal control number). |
| 13G. | Enter the Treasury Account Symbol (required for IPAC billings). |
| 14A. | Enter the contact e-mail address for agency billings . |
| 14A-E. | Enter the appropriate Requesting Agency finance billing contact information, including the e-mail address of a finance representative who can address any billing issues. |
| 15A-D. | Enter the credit card number, expiration date, type of card, and cardholder name. You may also phone the appropriate GSA-PBS official with this information . |
| 16A. | Enter signature of authorized Agency representative, certifying the validity of the order form and the availability of funds. |
| 16B. | Enter date form was signed. |
| 16C-E. | Enter the name, e-mail address, and phone number of the Agency certifying official who has signed the form. |

GSA Internal Customer or Interfund Customer

- 17. Enter the two (2) character **Fedcode**
- 18. Mandatory for all General Services Administration internal customers. Enter the eight (8) character Pegasys Document number.
- 19. Enter the Pegasys accounting line number. This field is optional and is limited to two (2) characters.
- 20. Enter four (4) character fund code.
- 21. Enter one (1) character interfund year. This is the last position of the fund code entered in Block 20.

General Services Administration/Public Buildings Service

- 22. Enter Project Control Number.
- 23A. Enter summary-level GSA organization code
- 23B. Enter the lease number (if applicable).
- 23C. Check the appropriate budget activity code.
- 23D. Enter the four (4) character work item number used to track repair and alteration tasks.
- 23E. Enter the six (6) character Billed Office Address Code (BOAC).
- 23F. Enter the correspondence symbol.
- 23G. Enter the four (4) character Agency Bureau Code.
- 24A. Enter the date of contractual award agreed-upon by GSA-PBS and the Requesting Agency. Per GSA acquisition policy, GSA-PBS has a "reasonable time, based on the complexities of the requirement." to contractually obligate funds accepted from a Requesting Agency."
- 24B. Enter the mutually agreed-upon completion date.
- 25. Enter a brief project description (limited to 25 characters).
- 26. Check the appropriate action block.
- 27. Check as appropriate.
- 28A-F. If multiple buildings or multiple functions are cited, enter organization code, building number, function code, object class and total amount for each building or function. The form limit is 15 lines. If additional lines are needed, please attach a spreadsheet providing the information requested in Blocks 28A-F.
- 29A-C. Enter the name, telephone number, and e-mail address of a project contact who can answer questions regarding all work planned or performed under this RWA.
- 30A. Enter the signature of the GSA approving official.
- 30B. Enter the date of signature.
- 30C-E. Enter the name, telephone number, and e-mail address of the GSA approving official.
- 31. Enter the ~~seller~~/GSA Business Partner **Network/Data** Universal Numbering System Number (BPN/DUNS)
- 32A-C. Enter the certification of completion ~~signature~~, certifying name, and completion date.

RWA FILE CHECKLIST FOR TENANT AGENCIES

DOCUMENTATION	REQUIRED	NOT REQUIRED
GSA 2957 (RWA) CURRENT VERSION WITH THE FOLLOWING FIELDS FILLED IN		
1. DATE OF REQUEST	<input type="checkbox"/>	
4. AGENCY AND BUREAU NAME	<input type="checkbox"/>	
5. WORK LOCATION	<input type="checkbox"/>	
6A. AGENCY CONTACT NAME	<input type="checkbox"/>	
6B. AGENCY CONTACT'S TELEPHONE NUMBER	<input type="checkbox"/>	
6C. AGENCY CONTACT'S EMAIL	<input type="checkbox"/>	
6D. AGENCY CONTACT'S FAX NUMBER	<input type="checkbox"/>	
6E. AGENCY CONTACT'S ADDRESS	<input type="checkbox"/>	
7. DESCRIPTION OF REQUIREMENTS	<input type="checkbox"/>	
8. AMENDMENT, when applicable	<input type="checkbox"/>	
10A. AGENCY LOCATION CODE	<input type="checkbox"/>	
12. AGENCY CERTIFIED AMOUNT	<input type="checkbox"/>	
13A. AGENCY ACCOUNTING DATA	<input type="checkbox"/>	
13B. AGENCY FUND YEAR	<input type="checkbox"/>	
13C. FUND TYPE (ANNUAL, MULTI OR NO-YEAR)	<input type="checkbox"/>	
13D. EXPIRATION DATE OF OBLIGATIONAL AUTHORITY	<input type="checkbox"/>	
13E. BPN/DUNS NUMBER	<input type="checkbox"/>	
13F. AGENCY/CUSTOMER ORDER NUMBER		<input type="checkbox"/>
13G. TREASURY ACCOUNTING SYMBOL	<input type="checkbox"/>	
14A. AGENCY BILLING CONTACT EMAIL ADDRESS	<input type="checkbox"/>	
14B. AGENCY FINANCE BILLING OFFICE	<input type="checkbox"/>	
14C. AGENCY BILLING OFFICE STREET ADDRESS	<input type="checkbox"/>	
14D-F AGENCY BILLING OFFICE CITY, STATE AND ZIP	<input type="checkbox"/>	
16A. SIGNATURE OF CERTIFYING OFFICIAL	<input type="checkbox"/>	
16B. DATE	<input type="checkbox"/>	
16C. NAME OF SIGNER	<input type="checkbox"/>	
16D. CERTIFYING OFFICIAL'S EMAIL ADDRESS	<input type="checkbox"/>	
16E. TELEPHONE NUMBER OF CERTIFYING OFFICIAL	<input type="checkbox"/>	
SCOPE OF WORK (must be sufficiently detailed so that the agency bona fide need is evident)	<input type="checkbox"/>	
PLANS OR SPECS		<input type="checkbox"/>

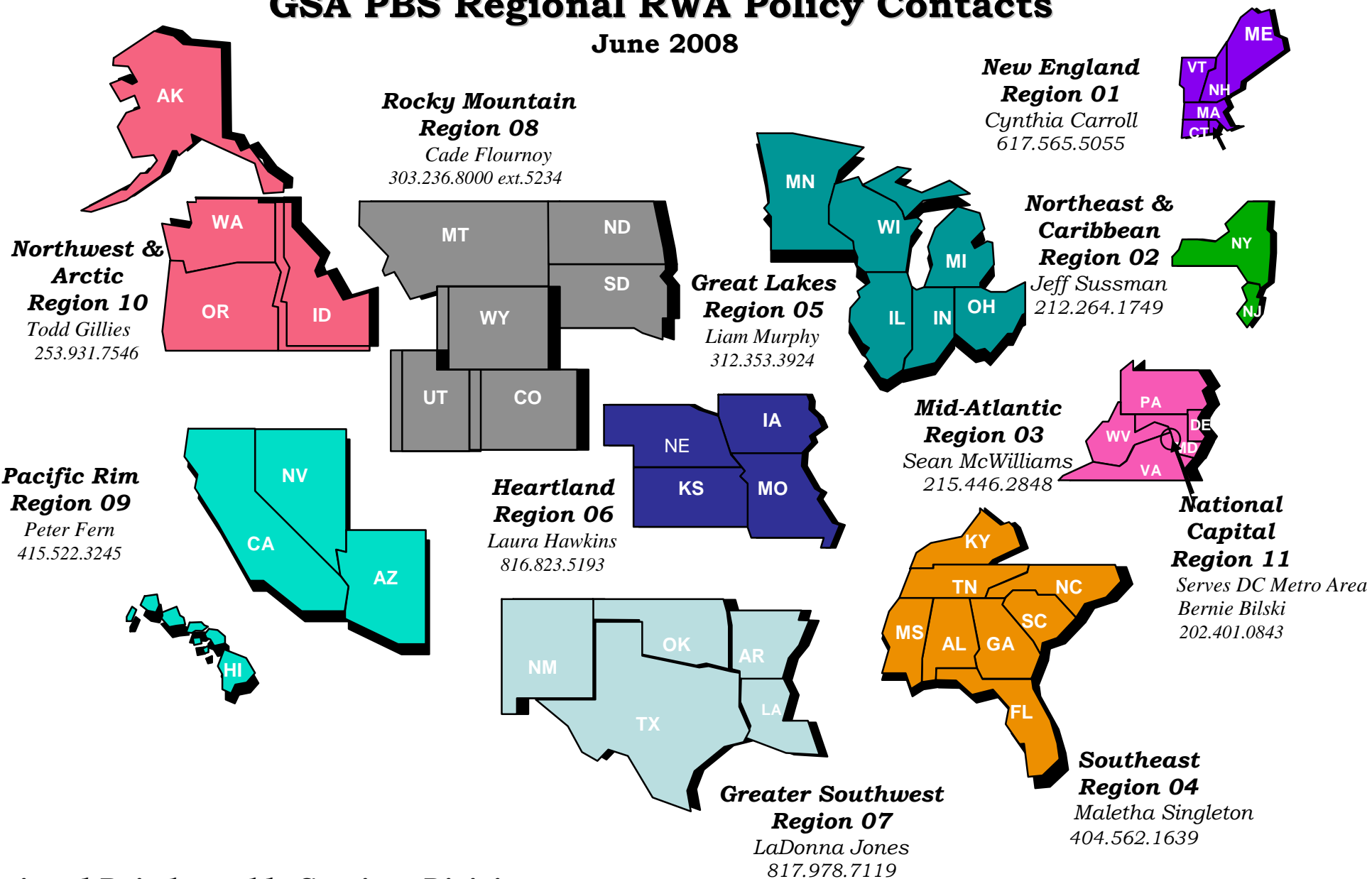
(6-23-2008)

ADDITIONAL INFORMATION: Block 11 on the GSA Form 2957 Requested Work Dates should not be filled in at the time of submission. GSA will work with the tenant agency and will come to an agreement on these requested work dates.

The acceptance of a reimbursable agreement (request) within PBS must be based on an intention to execute the agreement within a reasonable time after acceptance. In order for the obligation by the requesting agency to be valid, the funds must be available for obligation. The requesting agency must have a current bona fide need for the goods or services to be provided by PBS at the time the agency enters into the reimbursable agreement. Future needs or needs outside the scope of the reimbursable agreement shall not be added to the reimbursable agreement.

GSA PBS Regional RWA Policy Contacts

June 2008



National Reimbursable Services Division

Reimbursable Services Division Office Number
Direct, Larry Melton, Director

202.275.4270
202.633.0058