

# 2011 NWS IMET Timekeeping and Reimbursement Handbook

References: [NWSI 10-402 and 10-403](#); [NWS-NWSEO CBA](#); [National Interagency Agreement](#); [Interagency Incident Business Management Handbook](#)

It is strongly recommended that all IMET trainees, new MICs and new ASAs read NWSI 10-402, “Fire Weather Services On-Site Support” prior to reviewing this handbook.

<u>Table of Contents</u>	<u>Page</u>
1 Resource Orders	2
2 IMET Travel	3
3 Reimbursable Numbers for 2011	4
4 IMET Timekeeping	6
5 Tour of Duty Info	8
6 Completing IMET Time and Attendance Reports	9
7 Exceeding the Pay Cap	10
8 Additional IMET Travel Info	12
9 Required Paperwork	13
10 Reimbursement for NWS-Provided Training	16
APPENDIX A Biweekly Paycap Waiver Request Form	21
APPENDIX B Reimbursable Expenses Report Form (RER)	22
APPENDIX C USFS Reimbursement Form for NWS-Provided Training	25
APPENDIX D DOI Reimbursement Form for NWS-Provided Training	27
APPENDIX E State Reimbursement Form for NWS-Provided Training	29

# 1) IMET Resource Orders

When an IMET is requested for a fire-related incident, a Resource Order is normally provided by the requesting agency via fax or email. This form contains important interagency tracking information including the Incident Order Number, Incident Phone Number, Agency with Jurisdiction and Location of Incident/Project. The IMET must keep a copy with them while on dispatch and also leave a copy of the Resource Order with the WFO ASA as it contains information needed to complete the Travel Order and Voucher. IMETs may be requested to show their Resource Order and government ID to obtain entry into a fire camp, EOC or other incident response management center. It is very important for the IMET to submit a copy of their Resource Order as part of their reimbursement package; reimbursement is usually difficult to obtain without one.

Incident / Project Order Number MT-CNF-000247		RESOURCE ORDER		11. Incident Information		3. Incident/Project Order Number		4. Office Reference Number	
Overhead		MT-CNF-000247 09:40 12:15 PM		Cathedral Peak		MT-CNF-000247			
5. Descriptive Location FIREL BURN RANG (CP)		6. SEC		7. TANK		8. RNC		9. Incident/Project Order Number 05-98-2000 BILLINGS DISPATCH 05-98-2000 MT-400 (RHC/NR?) 05-98-2002	
12. Airport Information		13. Contact Name		14. Priority		15. Request Date		16. Other Agency/Agency	
Bearing: 010 Alt: 5000 Elev: 5000		Name: GALT Phone: 406-328-1234 Ext: 100		Type: AIR TO AIR Priority: 12345 Code: 100		Date: 05/12/03 Time: 10:00		Agency: HESB (000) PLT12 (000) (000)	
17. Request Number		18. From		19. To		20. Qty		21. Resource	
0-11		STEVE CHRISTIAN		HELD OFFER		1		MEMBER	
0-12		PARKER		ELEM. MED.		1		TECH. BNSC	
0-13		BLANKAR		RECEIVING & DISTRIBUTION		1		RECEIVING & DISTRIBUTION	
0-14		DANIEL BREBACH		INCIDENT METROLOGIST		1		INCIDENT METROLOGIST	
0-15		KENT HAMILTON		AIR TACTICAL GROUP SUPERVISOR		1		AIR TACTICAL GROUP SUPERVISOR	
0-16		TOD MILLER		DIVISION GROUP SUPERVISOR		1		DIVISION GROUP SUPERVISOR	
Special Hndt: NR CHARLES TUSSE (MT-400) Reporting Instructions:									
Special Hndt: NR: BOB BARR OVER THE FIRE TANKS Reporting Instructions:									
Special Hndt: NR: PETER ARRESTING (MT-400) Reporting Instructions:									
Special Hndt: REPLACEMENT FOR ERIC ERIKSSON NEEDED BY 09:00 ON 05/12/03 Reporting Instructions:									
Special Hndt: Reporting Instructions:									
Special Hndt: Reporting Instructions:									

For non-fire incidents, most IMET requests will come from the Federal Emergency Management Administration (FEMA) for events such as disaster recovery. FEMA does not provide a Resource Order, but rather a “Mission Assignment” document. The NWS does not have standing accounting codes with FEMA for IMET dispatches. Rather, reimbursement codes are assigned on an event-driven basis by the NWS and FEMA. For non-fire incidents, IMETs should initially use their local office code for all dispatch expenses. The ASA should then coordinate with their regional office budget officer to establish a reimbursement code with FEMA. Reimbursement vouchers for non-fire incidents should be filed with your regional office as is done for fire reimbursement.

IMET dispatches to state and local incidents can sometimes be reimbursed through FEMA because the incident has generated a federal disaster declaration and the jurisdiction is being reimbursed by FEMA/DHS. However, an office should always provide IMET or other on-site decision support service even when there is no clear method of reimbursement dispatch expenses. Your regional office and NWS headquarters will obtain reimbursement or pay out of base budget at a later date.

If there are any questions about non-fire dispatches and follow-up reimbursement, please contact your regional office.

A blank Resource Order is available here: [http://www.nwcg.gov/pms/forms/ics260-1\\_front.pdf](http://www.nwcg.gov/pms/forms/ics260-1_front.pdf)

## 2) IMET Travel

Wildfires and other incidents happen at any time, night or day. Consequently, NWS IMET services are often requested during non-business hours and IMET travel is classified as Emergency Travel. For these reasons, WFOs should expect that IMET dispatches may occur evenings, early mornings, holidays or weekends. Although NWS employees are no longer required to carry a paper copy of the Travel Authorization (TA) with them, blank paper copies of the “Blanket Travel Authorization” (CD29) permits a shift team leader to sign travel orders for IMETs who are dispatched to incidents during non-business hours. The ASA or other authorized person can then copy that info into Travel Manager the next business day. When completing an emergency Travel Authorization, remember the following:

- For fire-related incidents, Block 9 on the Resource Order provides the agency with jurisdiction (which will indicate which Reimbursable Task Number to use below) and where the incident is located (to determine the per diem rate). For other incidents, the actual requesting agency is normally the presiding agency (i.e., DHS/FEMA, State/County/City DHS);
- The Purpose Code is “9” for Emergency Travel;
- The Accounting Classification Code is the office organizational code and the appropriate Reimbursable Task Number in Section 3 below;
- If needed, IMETs are authorized to obtain a rental vehicle of a size that will allow transportation of necessary IMET response equipment, along with a capability to travel off-pavement. Complete information on rental vehicles is available here: <http://www.corporateservices.noaa.gov/~finance/RC.html>
- If air travel is required, all baggage charges are allowed, including transport fees for the All Hazards Meteorological Response System (AMRS). However, it is usually much less expensive to ship the AMRS unit via the NWS UPS Contract to either the incident base camp, or a nearby WFO or other office. IMETs are to keep receipts for baggage charges and include as part of their reimbursement voucher;

If air travel and/or rental vehicles are needed for IMET travel to a fire, it is often easier for the requesting agency to secure the travel arrangements, especially for non-business hour dispatches. The IMET should

always ask the dispatch office that issued the resource order if they can provide needed reservations for travel. Making this request not only saves the IMET time, but also makes reimbursement simpler, since the travel costs do not need to be placed on the IMET’s Travel Voucher (TV) or Reimbursement Form. For non-fire incidents, such as a FEMA request, IMETs and their local office normally need to make all their own travel arrangements.

If the IMET must make travel arrangements during non-business hours, we must still utilize AdTrav to assist us. Send a completed copy of a CD29 to the AdTrav agent via fax or email, and advise them that a TA will be available in Travel Manager on the next business day. In an emergency, an IMET can charge travel costs directly to their travel card, but this should be a rarely used option.

### 3) Reimbursable Numbers for 2011

In order for the NWS to be reimbursed by fire agencies for IMET costs, several tracking numbers must be placed on the reimbursement form in addition to the Resource Order number. This is done so that a cost can be matched to an incident/project. It is important to use the appropriate Task Numbers listed in Tables 1 and 2 below and on the next page for all overtime associated with IMET services. There is a Project Code for each NWS Region and Headquarters. **Don’t forget to use the proper Project and Task Codes on your reimbursable form.**

Again, for non-fire dispatches, reimbursement codes are assigned on an event-driven basis by the NWS and the requesting agency. IMETs and ASAs should initially use their local office travel code for all dispatch expenses. The ASA should then coordinate with their regional office budget officer to establish a reimbursement code in coordination with the requesting agency.

Table 1: Federal Fire Dispatch Project Codes:

Region	Agency	Project Code	Task Code / Task Description
<b>Eastern Region</b>	USDA Forest Service	47M7K10	For all federal fire agencies, the Task Code for IMET services is P2V.
	DOI Bureau of Land Management (BLM)	47M7K11	
	DOI National Park Service (NPS)	47M7K12	
	DOI Indian Affairs (IA)	47M7K13	
	DOI Fish & Wildlife (F&W)	47M7K14	
<b>Southern Region</b>	USDA Forest Service	47M7K20	For all USFS IMET dispatches, Block 7 on the Reimbursement form always uses:
	DOI Bureau of Land Management (BLM)	47M7K21	
	DOI National Park Service (NPS)	47M7K22	
	DOI Indian Affairs (IA)	47M7K23	
	DOI Fish & Wildlife (F&W)	47M7K24	
<b>Central Region</b>	USDA Forest Service	47M7K30	USDA Forest Service; Incident Business 101B Sun Avenue NW Albuquerque, NM 87109 Attention: Elizabeth Martin Telephone: 505-563-7937
	DOI Bureau of Land Management (BLM)	47M7K31	
	DOI National Park Service (NPS)	47M7K32	
	DOI Indian Affairs (IA)	47M7K33	
	DOI Fish & Wildlife (F&W)	47M7K34	
<b>Western Region</b>	USDA Forest Service	47M7K40	
	DOI Bureau of Land Management (BLM)	47M7K41	
	DOI National Park Service (NPS)	47M7K42	
	DOI Indian Affairs (IA)	47M7K43	
	DOI Fish & Wildlife (F&W)	47M7K44	

<b>Alaska Region</b>	USDA Forest Service	47M7K50
	DOI Bureau of Land Management (BLM)	47M7K51
	DOI National Park Service (NPS)	47M7K52
	DOI Indian Affairs (IA)	47M7K53
	DOI Fish & Wildlife (F&W)	47M7K54
<b>Pacific Region</b>	USDA Forest Service	47M7K60
	DOI Bureau of Land Management (BLM)	47M7K61
	DOI National Park Service (NPS)	47M7K62
	DOI Indian Affairs (IA)	47M7K63
	DOI Fish & Wildlife (F&W)	47M7K64
<b>NCEP Region</b>	USDA Forest Service	47M7K70
	DOI Bureau of Land Management (BLM)	47M7K71
	DOI National Park Service (NPS)	47M7K72
	DOI Indian Affairs (IA)	47M7K73
	DOI Fish & Wildlife (F&W)	47M7K74
<b>OCWWS</b>	USDA Forest Service	47M7K80
	DOI Bureau of Land Management (BLM)	47M7K81
	DOI National Park Service (NPS)	47M7K82
	DOI Indian Affairs (IA)	47M7K83
	DOI Fish & Wildlife (F&W)	47M7K84

Table 2: State Dispatch Project Codes:

The following states have reimbursable agreements with NOAA for IMET services. For IMET services to state-managed incidents in states other than those listed here, payment is usually made to NOAA via an agreement between that state and a federal agency in Table 1, most often the USFS. For those state dispatches, put the USFS code on the IMET TV and T&A. Your regional office will make any needed updates later in coordination with you and the fire agencies.

<b>STATE</b>	<b>DISPATCH PROJECT CODES</b>	<b>The single task code to be used for all IMET services/costs for these state-managed incidents is P4H.</b>
<b>OREGON</b>	<b>47M9W01</b>	
<b>CALIFORNIA</b>	<b>47M6J02</b>	
<b>WASHINGTON</b>	<b>47M9WFE</b>	
<b>TEXAS</b>	<b>47M1STF</b>	

A copy of these tables is included as part of the IMET Reimbursement Form.

#### 4) IMET Time Keeping

Employees at fire-related incidents, including IMETS, record their hours of work on a daily Crew Time Report (CTR). Daily time from the CTR is consolidated on the [Emergency Firefighter Time Report OF-288](#) (FTR), also known as a “Red Dog”. The FTR is an important record containing such information as the employee’s name, social security number, address, incident name, incident accounting code, and hours worked (example on next page). This form is validated by an incident team supervisor. IMETs should fill in final ending travel time on the FTR, so that WFO timekeepers do not need to change anything on the FTR except mathematical errors. **IMETs must sign and verify the accuracy of their time reports before leaving fire camp.**

If the IMET is on an assignment at the end of a pay period, a copy of the FTR should be faxed or emailed to the WFO timekeeper from the fire. If this is not possible, the timekeeper can enter 80 hours worked for the employee and later file a corrected T&A once the FTR is received. The FTR is filed with the certified timesheet(s) as supporting documentation for hours worked, and a copy of both included in the reimbursable packet. Unless the IMET does not receive an FTR at the incident, copies of Crew Time Reports should not be submitted in addition to or in lieu of the FTR for reimbursement. The FTR is the only official interagency document for timekeeping purposes. **The NWS usually encounters difficulty in getting reimbursement from fire agencies without an FTR.**

IMETs may accrue hazard pay according to procedures outlined in Section 4 of NWSI 10-402. When authorized, the IMET will enter hazard pay differential on the FTR (Red Dog) along with a signature from an approving official at the incident. Upon return, the IMET’s MIC will annotate the NWS employee’s time and attendance records and attach a copy of the incident time sheet. In addition, hazard pay hours must be separated from overtime hours and added to the reimbursable form for payment by the fire.

At non-fire incidents, the lead agency may or may not provide a timekeeping form. In these cases, the IMET is responsible for keeping a daily record of hours worked for calculation of any overtime earned and to be reimbursed to the NWS; a simple Excel<sup>®</sup> spreadsheet or filling in a blank FTR is sufficient. The IMET should have an approving official at the incident sign the form each day. Overtime listed on the IMETs T&A(s) for the incident must match these signed forms.

**0-0144 Emergency FireFighter Time Report, OF-288** 1. Identification Number  
**F - 845**

2. Social Security Number: 123-45-6789  
 3. Initial Emolvment (X one):  Yes  No  
 4. Type of Emolvment (X one):  Casual  Regular Gov't Employee  Other  
 5. Transferred From: \_\_\_\_\_  
 6. Hired At: \_\_\_\_\_  
 7. Emolvment Has (X one):  Been Discharged  Out  
 8. Entitled To Return Travel Time (X one):  Yes  No  
 9. Entitled to Return Transportation (X one):  Yes  No

**ZIP CODE MUST BE ENTERED BELOW** **IN CASE OF ACCIDENT NOTIFY**

10. Name (First, Middle, Last): Misty Bear  
 11. Street Address: 1234 E. Parkway  
 12. City: ANYTOWN  
 13. State: NV  
 14. Zip Code: 12345  
 15. Name: \_\_\_\_\_  
 16. Street Address: \_\_\_\_\_  
 17. City: \_\_\_\_\_  
 18. State: \_\_\_\_\_  
 19. Telephone No. (Include Area Code): \_\_\_\_\_

**20. FIRE LOCATION IDENTIFICATION**

Column A					Column B					Column C					Column D				
1. Fire Name <b>CATHEDRAL</b>					1. Fire Name <b>CATHEDRAL</b>					1. Fire Name <b>CATHEDRAL</b>									
2. Fire No. MT-CNF-247		3. Unit Code P13772 0108			2. Fire No. MT-CNF-247		3. Unit Code P13772 0108			2. Fire No. MT-CNF-247		3. Unit Code P13772 0108							
4. Fire Location CUSTER NF		5. State MT			4. Fire Location CUSTER NF		5. State MT			4. Fire Location CUSTER NF		5. State MT							
6. Firefighter Classification IMET		7. Rate			6. Firefighter Classification IMET		7. Rate			6. Firefighter Classification IMET		7. Rate							
8. Date and Time a. Year <u>2003</u>					8. Date and Time a. Year <u>2003</u>					8. Date and Time a. Year <u>2003</u>									
Mo. h.	Day c.	Start d.	Stop e.	Hours f.	Mo. h.	Day c.	Start d.	Stop e.	Hours f.	Mo. h.	Day c.	Start d.	Stop e.	Hours f.					
9	3	09:30	11:30	2.00	9	5	12:30	18:30	6.00	9	7	19:00	22:00	3.00					
				TVI															
9	3	11:30	17:30	6.00	9	5	19:00	22:00	3.00	9	8	07:00	12:00	5.00					
9	3	18:00	22:00	4.00	9	6	06:00	12:00	6.00	9	8	12:30	18:30	6.00					
9	4	06:00	12:00	6.00	9	6	12:30	18:30	6.00	9	8	19:00	22:00	3.00					
9	4	12:30	18:30	6.00	9	6	19:00	22:00	3.00	9	9	07:00	09:00	2.00					
9	4	19:00	22:00	3.00	9	7	06:00	12:00	6.00	9	9	09:00	12:30	3.50	TVI				
9	5	06:00	12:00	6.00	9	7	12:30	18:30	6.00										
9. Total Hours → 33.00					9. Total Hours → 36.00					9. Total Hours → 22.50									
10. Gross Amount (Item 7 x item 9) →					10. Gross Amount (Item 7 x item 9) →					10. Gross Amount (Item 7 x item 9) →									
11. Inclusive Dates → 9/3 - 9/5					11. Inclusive Dates → 9/5 - 9/7					11. Inclusive Dates → 9/7 - 9/9									
12. Time Officer's Signature <i>[Signature]</i>					12. Time Officer's Signature <i>[Signature]</i>					12. Time Officer's Signature <i>[Signature]</i>									
13. Date Signed 9/9/03					13. Date Signed 9/9/03					13. Date Signed 9/9/03									

**21. Show "H" for Hazard Pay and "E" Plus % for Environmental Differential in the "HOURS" Column for Regular Employees.** **22. Commissary Record**

A. Com. NO 2600	B. Rate	C. Miles*/Hours	D. Accounting Classification			E. Object Class			F. Amount
			(a)	(b)	(c)	(a)†	(b)†	(c)†	
			P13772 0108						
									Gross Salary or Equip. Rental
									*

23. Remarks: \_\_\_\_\_

NOTE: The above items are correct and proper for payment from available appropriations. **FINAL**

25. Employee Signature: *[Signature]* 26. Time Officer (Signature): \_\_\_\_\_

## 5) IMET Dispatch “Tour of Duty” Info

The NWS-NWSEO Collective Bargaining Agreement assures that employees who are temporarily assigned to a different tour of duty are entitled to the same compensation they would otherwise have received, including premium pay, overtime and night differential. Therefore, the established home WFO work schedule must be referenced when determining proper T&A coding of an IMET’s hours worked.

Travel to and from wildfires and other incidents is considered hours of work, and therefore, compensable with regard to overtime and premium pay in accordance with the DOC Premium Pay Manual. All overtime is reimbursable from the agency receiving services from an IMET. Similarly, all overtime incurred at a WFO due to a fire-related IMET dispatch, including the rest period as defined below, is reimbursable and is accounted for on the reimbursable form.

*First Day of Assignment:* Scheduled hours of work for the dispatch day remain the same as if the employee was at his/her home unit, including night and/or Sunday differential. All extra hours, including travel time, are charged as overtime. The incident support workday begins as soon as the IMET is released from duty at the home office, and begins travel preparations. Overtime begins once the IMET works in excess of the hours scheduled at the home office that day. If the IMET is dispatched on a scheduled day off, all hours in travel status and worked are overtime. For example, an IMET was working 0800-1600 on a Monday and was dispatched to a fire at 1400 and worked or traveled until 2200. The T&A would show 8 hours as regular time and 5 hours as overtime.

*Subsequent (Continuous) Days of Assignment:* Starting at 12:01 am on the second day of an assignment, the employee begins working hours as set by the Incident Commander (IC) of the Fire/incident (i.e., 0600-2100 with a mandatory ½ hr meal break for every 6 hours worked). Any hours worked beyond the home WFO scheduled base hours for that day (i.e., 8, 9 or 10 depending on the work schedule used at the home office) are overtime. Similarly, IMETs are entitled to any differential pay they had been scheduled to earn at the WFO. Finally, since the IMET begins each incident workday with no overtime, IMETs are entitled to night differential for hours worked prior to 6 a.m. Once an IMET reaches overtime status later that day, they cannot earn additional differential at the incident.

*Last Day of Assignment:* The employee remains on the incident schedule for the last day of assignment (to provide closing briefings, etc.) and receives overtime after 8 hours worked, including travel time back home. IMETs should fill in final ending travel time on the FTR when they arrive back at their WFO.

IMETs who work a 14-day dispatch assignment, **excluding travel days**, are entitled to take 2 days of Administrative Leave beginning the next calendar day following their return from the incident before being inserted back into the WFO fixed schedule. Fire agencies will reimburse NOAA for the admin leave taken by the IMET as well as any office overtime incurred to allow this 48-hour rest period. **The rest period is allowed only if the IMET has regular work days scheduled upon return, not regular days off. If the IMET returns to a regular day(s) off, one or both days of administrative leave is forfeited.**

For dispatch periods of less than 14 days, **excluding travel**, the IMET may convert overtime earned during deployment into compensatory time, to be used as “rest time” immediately upon return home. **The maximum number of hours that may be converted and used is equal to two (2) operational shifts at the WFO.** If the IMET returns to a regular day(s) off, the combination of the day(s) off and any conversion/use of compensatory time cannot exceed the operational shift limitation above. There is no fire agency reimbursement to the NWS for office overtime resulting from an IMET rest period following dispatches less than 14 days. The IMET lists all overtime earned during the dispatch on the reimbursable form. Conversion of any IMET overtime to compensatory time only needs to be tracked internally.



What constitutes a travel day for those going to an incident is not precisely defined in the Interagency Incident Business Management Handbook. Fire agencies typically use a 50/50 rule of thumb to determine a travel day versus a day at the incident. If the IMET arrives at the incident camp before noon, it should be considered a full work day for calculating a 14-day dispatch and likewise if an IMET arrives after noon, the day should be considered a travel day. The same logic applies when an IMET is released.

Soon after returning from a dispatch, all IMETs are required to complete reports, submit travel voucher and reimbursable expenses to the ASA, and clean and repair equipment (AMRS) to prepare for the next dispatch, including scanning the AMRS laptop and any removable drives per NOAA IT security requirements. The IMET may need some non-operational duty time to accomplish these tasks. Although not required, MICs should be sensitive to this need. Any administrative time provided does not count against the rest periods as defined above.

## 6) Tips for Completing IMET Dispatch Time and Attendance Reports

Coding overtime earned due to an incident assignment will entail using two different sets of accounting data. The employee's base time is charged to the normal salary code. Overtime earned due to the incident is charged to one of the Reimbursable Project Codes shown in the tables on Pages 4 and 5. If a reimbursement project code is not available, such as for a FEMA incident, the normal office overtime code should be used until your regional office can work with you to determine a final correct code.

Both the WFO fixed schedule and the IMET's Fire Time Report (FTR) on Pages 5 and 6 need to be taken into consideration when preparing the T&A. For example, if the IMET was originally scheduled to work a shift with 6 hours of Night Differential, he/she is entitled to that amount of night differential.

### Example:

WFO Fixed Schedule: 9 hr Evening Shift (1500-2400)

Incident (FTR) Hours Worked: 0500-2000 with two 30 minute meal breaks for a total of 14 hours worked.

In this example, the IMET is entitled to a total of 7 hours of night differential. Six hours of night differential are earned for the hours 1800 to 2400 per the WFO fixed schedule (even though hours at the incident were from 0500-2000). The WFO timekeeper notes that the IMET is entitled to 6 hours of night differential per the fixed WFO schedule. Enter "differential per fixed home schedule" in the Remarks box in web T&A. Additionally, since the IMET began the work day at the incident at 0500 in non-overtime status, an additional hour of night differential is earned, bringing the total of night differential to 7 hours.

The Interagency Agreement states that the requesting agency will pay all overtime worked by an IMET at an incident. Similarly, all overtime accrued by WFO staff who filled in for the IMET during the assignment is reimbursed. For example, if Ms. Misty Bear is on a fire and Jim Dandy earns overtime by covering her shift, both employees' overtime is charged to the Reimbursable Task Number. **The NWS pays for all other time including Compensatory, Base, Holiday, Holiday-worked and Night and Sunday Differentials.**

If an employee's scheduled holiday is a day other than the actual holiday, "Holiday Worked" is coded for that scheduled "in lieu of" holiday for the number of base hours the employee is scheduled to work. All other hours worked on the "in lieu of" holiday will be overtime. If the employee is scheduled for an "in lieu of" holiday, all hours worked on the actual holiday will be coded to overtime.

When completing [Commerce Department Form 81](#), Authorization for Paid Overtime, all overtime earned due to the fire incident falls under category # 7, Reimbursable. Completed CD-81s should be submitted per regional policy.

## 7) Exceeding the Pay Cap

Dispatched IMETs earning overtime for more than about a week often exceed the “Bi-weekly Pay Cap”. The Federal Employees Pay Comparability Act (FEPCA) provides for a waiver of limitations on premium pay in emergency/rescue duty as described below. As IMET duty is considered emergency duty, this waiver is used for the IMET program.

### **Biweekly Maximum Earnings Limitation**

Without a waiver, the total pay that a Federal Labor Standards Act (FLSA) GS Exempt employee may receive in any biweekly pay period is limited to the maximum rate for GS-15, Step 10, at the employee’s location, in effect on the last day of the calendar year in which the pay was earned (5 U.S.C. 5547). A GS-12 will likely exceed the local biweekly pay cap after 62 hours of overtime (base pay); a GS 13, sooner.

### **Nonexempt GS Overtime Pay Not Subject to the Biweekly Limitation**

The overtime pay of any nonexempt GS employee is excluded from the biweekly maximum limitation because it is paid under FLSA rather than Title 5. However, the total of basic pay and other forms of premium pay paid to nonexempt GS employees in a biweekly pay period is limited to the maximum rate of local GS-15, Step 10.

### **Emergency Waiver to the Biweekly Maximum Earnings Limitation**

Supervisors or their designees may grant an exception from the biweekly earnings limitation for employees performing work directly connected with resolving or coping with an emergency or its aftermath. "Emergency" is defined as a temporary condition posing a direct threat to human life and property, e.g., natural disasters, such as hurricanes, tornadoes, floods, wild fires, etc. This waiver is used for IMETs providing technical support to incidents such as those listed above. The effective date of an exception is the first day of the pay period in which the emergency begins (i.e., the day the IMET is dispatched), and ends when the IMET returns home.

If the IMET exceeds the pay cap, the IMET and/or timekeeper should ask the office supervisor to complete and approve a waiver. A copy of the waiver should be filed locally with your T&A and a copy included with the reimbursement package. A blank “Request for Biweekly Pay Cap Waiver” is available for use in Appendix B. This form must always be completed, signed by the MIC (or by WRH if MIC, SOO or WCM is requesting waiver), and submitted with the reimbursable packet whenever the Biweekly Pay Cap is exceeded by an IMET. A completed example follows on the next page.

If the office timekeeper forgets to code for exceeding the Pay Cap and the pay cap is exceeded, the employee will receive notice on their next Earnings and Leave Statement, which will have a note on the bottom stating the following: “OVR EARN LIMIT”, including the hours and dollar amount they were not paid due to the pay cap. If this happens, you must submit a corrected T&A. This will allow the National Finance Center (NFC) to waive the Salary Cap and pay the employee the hours which were not paid in the original submission.

### **Calendar Year Limitation**

***This is a rule to pay attention to! An employee who is authorized premium pay under the annual limitation may not exceed the local GS-15, Step 10 limitation on a calendar year basis under any circumstances and is subject to the biweekly limitation for all pay periods in which an emergency exception has not been granted. It is the MIC and IMET’s joint responsibility to ensure this does not occur.***

Guidance for GS Salary Tables, Pay Cap Limits and other pay-related information is available at <a href="http://www.opm.gov">www.opm.gov</a> .
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# Request for Biweekly Pay Cap Waiver



*Employee for whom waiver is requested:*

Employee name: Misty Bear

Employee SSN: 000-00-0000

Employee Grade: GS-1340- 12/4

*Nature of emergency:*

Incident name: South Slope Fire

Incident location: Figueroa Mountain

Nearest city, state to incident: Los Olivos City, CA State

District name: Sisquoc

Forest/Park/Area Name: Los Padres NF

Request received from: USFS / NICC

The work to be performed is weather forecast and advisory support to the incident management team supervising emergency activities.

The employee will be working alone as the only meteorologist providing on-site forecast and advisory support to the Incident Management Team. In this capacity, the employee will be under the supervision of the Incident Commander (IC), who will dictate the work hours. The employee will record hours of work with certification accomplished by the on-site management team.

Disapproved

Approved

\_\_\_\_\_  
MIC/HIC

\_\_\_\_\_  
Date

## 8) Additional IMET Travel Info

- ✓ When the IMET returns from the incident, the original travel voucher is submitted to the appropriate Finance Office to cover travel and per diem costs (the same as any other NWS travel). Do NOT send a travel voucher to your regional office, only a voucher copy as part of a reimbursement package! Doing this only delays processing of the voucher and getting the IMET money to pay for their travel card bill.
- ✓ If the IMET is in a self-contained incident camp where food and lodging are provided, \$5.00/day for incidentals can be claimed. If the employee stays in a hotel, use the per diem rates listed in the Federal Travel Regulations for that location and submit receipts as usual.
- ✓ Note that the IMET receives 3/4 per day M&IE at the incident location on their travel days (usually the first and last days of their fire assignment), **minus the local value of any meals provided at the incident**. The value of meals at an incident location and other travel information is available at [www.gsa.gov](http://www.gsa.gov).
- ✓ The Purpose Code is "9" Emergency Travel.
- ✓ The Accounting Classification Code is your office organizational code and the Reimbursable Project and Task Numbers. The Travel Order/Authorization should already contain most of this information.
- ✓ As with all travel vouchers, the IMET must provide receipts for all travel costs.
- ✓ **A complete copy of the IMET Travel Voucher must be submitted with the Reimbursable Form in order for the reimbursement request to be submitted.** A copy of the Travel Authorization is not needed. Under most circumstances, the per diem total on the travel voucher and reimbursement request form should match exactly.
- ✓ Nearly all costs associated with an IMET dispatch should be claimed on the reimbursable form. These include legible copies of receipts for (fire agencies will reject receipt copies that are illegible) –
  - \* Rental car if required;
  - \* Fuel costs for rental car or government vehicle; Mileage if POV is used
  - \* Shipping costs for AMRS/ATMU equipment if required;
  - \* Airline tickets including service fees if air transportation not arranged by requesting agency, including (excess) baggage fees for the AMRS/ATMU equipment; UPS Shipping fees
  - \* ATM fees;
  - \* Lodging expenses during travel to and/or from the incident;
  - \* *If in doubt on whether to claim a travel cost for reimbursement, please contact your regional office.*

## 9) Required Reimbursement Package Paperwork

The following paperwork is normally required from the IMET and WFO to process and submit reimbursable IMET expenses to the requesting agency, NOAA Finance and ultimately the Interagency Payment and Collection System (IPAC):

- ▶ Correct, completed and signed IMET Reimbursable Expenses Form...*This form tallies the employee's overtime, per diem costs, and all other overtime earned in relation to this particular fire assignment, including overtime earned by the home office staff as a result of the IMET's absence; Complete info in Box 7 is very important!*
  
- ▶ Legible Copies of...
  - Resource Order;
  - Fire Time Report;
  - Certified T & A for IMET with correct project code is used;
  - Certified T & A (s) for WFO employee(s) who worked overtime to cover shifts of dispatched IMET; don't forget to include overtime for authorized rest period as defined on Page 7!
  - Travel Voucher, including any additional receipts and justification; and
  - If needed, signed Pay Cap Waiver Request for IMET and/or other appropriate WFO employees.

Remember that the **original** travel authorization and voucher paperwork is submitted to your servicing finance office as for all travel. **The IMET reimbursable packet should be submitted to your Regional Fire Weather Program Manager within 5 business days of availability of the IMET's verified T & A(s) applicable to the entire dispatch period.**

### Some Final Helpful Reminders:

- A. *Remember to indicate the correct project and task number when the overtime is due to reimbursable incidents;*
- B. *Do not charge regular time, Holiday worked, Sunday differential, or night differential to the fire weather reimbursable number – **overtime ONLY**;*
- C. *In order to bill the responsible agency for reimbursable fire weather expenses, the T&A, travel voucher, and/or bankcard statement (if any supplies or services were purchased for the fire) must reflect the correct project and task number (national or state);*
- D. *IMETs are automatically entitled to get a rental vehicle to get to the incident with the AMRS equipment – you may need to remind ADTRAV and/or a requesting agency of this.*

A sample completed IMET Reimbursable Expenses Form follows on the next page. A blank form is available in Appendix F and from the IMET Sharepoint Server.

Sections highlighted in red are to be completed by IMET. Sections highlighted in yellow are to be completed by the IMET, ASA and MIC. Sections highlighted in green are to be completed by the regional office, including cell phone costs where needed.

## 2010 NWS IMET REIMBURSABLE EXPENSES REPORT FORM

(Previous Versions Obsolete)

### COMPLETED AT INCIDENT:

**NOTE TO IMET:** Upon check-in at incident, check with Finance Section Chief or equivalent to see if they are familiar with the national agreement. Provide copy if needed, emphasizing that you are covered under this agreement. Please advise the Finance Section Chief to provide a copy of this information to the individual identified in the "Agency Unit/Division Finance Officer" section. All information required from IMET/WFO below must be supplied or NWS Regional Office will return to you for completion. See Page 3 for Project Codes

<b>1) IMET Name:</b> Jack Frost	<b>2) NWS Office:</b> WFO Juneau
<b>3) Dates of Service</b> (including travel time):  10/1/09 – 10/16/09	<b>4) Agency Served</b> (underline lead agency for incident): USFS / BLM/ BIA / NPS / FEMA / State _____ USCG / NOAA HAZMAT / Other _____
<b>5) Agency Unit/Division Served:</b> Bighorn National Forest; Ten Sleep Ranger District	<b>6) Incident Name:</b> Lightning Flat
<b>7) Agency Unit/Division Finance Officer</b> (Name, Address, Telephone number): USDA Forest Service; 101B Sun Avenue NW Albuquerque, NM 87109; Attention: Elizabeth Martin Telephone: 505-563-7937  <i>Note the above contact info is used for ALL USFS dispatches.</i>	<b>8) Resource Order Number</b> (copy attached): O-BH510  <b>9) Incident Number and/or P Number:</b> BP-BBM-120905

### COMPLETED AT WFO:

#### A. IMET ADMIN LEAVE CHARGES (if earned)

Departure (Date/Time): 10/1/10 0900 MDT	Return (Date/Time): 10/16/10 2100 MDT
14 Day Dispatch (do not include travel): yes / no	Rest Period Dates: 10/17-18/2010
Hours of Reimbursable Admin Leave Used: 16	X Hourly Pay Rate: \$35 = Total A: \$560

#### B. IMET ON-SITE OVERTIME (including travel time to and from incident):

Hours Worked 124	X Hourly Pay Rate: \$35 = Total B: \$ 4340.00
------------------	---

#### C. IMET M&IE PER-DIEM FOR PERFORMING ON-SITE ASSISTANCE (insert additional rows as needed):

	Days	X	Rate	= Subtotal	-	Incident Meals	Subtotal
Travel (Rate is 3/4 of per diem at incident location minus any incident meals)	To	1	X \$36	= \$36	-	\$16	= \$20
	From	1	X \$36	= \$36	-	\$10	= \$26
At Incident (Rate is \$5 per day CONUS/\$15 OCONUS if meals supplied by incident. Otherwise, rate is per diem rate at incident)	14	X	\$5	= \$70		<b>Total C (add final subtotals above right)</b>	<b>\$116</b>

#### D. RELATED OFFICE OVERTIME (insert additional rows as needed. Includes office OT related to IMET rest period above):

Employee Name	Hours Worked	X	Rate	= Subtotal	
Woodsy Owl	16	X	\$51	= \$816	
Mark Trail	24	X	\$31	= \$744	
Owlie Skywarn	20	X	\$35	= \$700	
<b>Total D (add above subtotals):</b>					<b>\$2260</b>

#### E. OTHER DIRECTLY RELATED COSTS (lodging costs as needed, tolls, rentals, POV, equipment repair/replacement, general supplies etc.; receipt copies included with travel voucher copy; insert additional rows as needed)

Rental Car and Gasoline (receipt copies attached)	<b>Total E:</b>
	<b>\$950</b>

<b>F. Total A + Total B + Total C + Total D + Total E =</b>	<b>\$8226</b>
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**G. NOAA-PROVIDED COMMUNICATION SERVICES:**

BGAN Used? <b>yes</b>	Dates Used: <b>8/4 – 8/10</b>
Govt' IMET Cell Phone Used? <b>yes</b>	IMET Gov't Cell Phone Number: <b>888-555-1212</b>

*Jack Frost* *Tim Twister* *11/1/09*

\_\_\_\_\_  
**IMET Signature** **MIC Signature** **Date**

**COMPLETED AT REGIONAL/NATIONAL OFFICES**

<b>H: CELL PHONE EXPENSE (Alaska Region Only – all other regions leave blank)</b>	<b>\$38</b>
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<b>INCIDENT TOTAL (Total F + H)</b>	<b>\$8264</b>
Project Code: <b>47M7K30</b>	Task Code: <b>P2W</b>

*Smokey Bear* *11/10/09*

\_\_\_\_\_  
**REGIONAL PROGRAM MANAGER** **Date**

***IMET Reimbursable Package Checklist***

***Before submitting to your regional office, please ensure copies of the following are included!***

- *Page 1 completed and signed by IMET and MIC*
- *Resource Order*
- *Fire Time Report*
- *Certified T & A(s) for IMET and WFO staff who worked overtime to support the dispatch/rest period attached and correct project/task code is used*
- *Copy of Travel Voucher and any associated receipts attached*

***Note...***

- *Remember that original copies of some items are needed for your travel voucher*
- *Always keep a copy of everything at your WFO for 3 years (electronic archive preferred).*

## 10) Reimbursement for NWS-Provided Training

IMETs and other NWS staff are frequently requested to provide fire weather training for fire crews as part of such interagency fire behavior courses as S190 and S290. Policy guidelines for fulfilling these requests are outlined in NWSI 10-403.

Requests for training by NWS personnel are not made using resource orders. Rather, both the USDA Forest Service and Department of Interior utilize training request forms that can be used by the NWS to obtain reimbursement for travel costs associated with the provision of weather training. The USDA Forest Service uses Form AD-672. The Department of Interior does not have a single, standard form. However, a template Form 1681-3 is included below that can be presented to the DOI requestor. It is the responsibility of the requesting agency to provide an appropriate agreement document for training. A sample completed form follows below and a blank form for your use is available in Appendix D.

If the request for training comes via a state agency, the NWS must use a NOAA General Counsel template that can be found in Appendix E. Training requests from California, Oregon and Washington do not need to use this form as their requests are covered by the same agreement used for IMET dispatches for those states.

There are no standard forms for gaining travel expense reimbursements from local agencies or colleges. Requesting agencies should pre-pay all travel expenses for instructors who must travel to the course, or at least cover lodging costs. If the requesting agency does not offer to arrange for pre-payment of some or all travel costs, MICs should negotiate cost-sharing of travel expenses with the requesting entity, or decline to provide an instructor.

A secondary, more cumbersome option is for requesting agencies to reimburse the NWS by writing a check to the U.S. Department of Commerce for the amount of the travel voucher. If this is done however, the WFO must attach a [“Gifts and Bequests Form”](#) to the voucher prior to submission to their Finance Office.

MICs and Regions should keep in mind that overhead costs involved in trying to obtain reimbursement can quickly exceed the actual cost for provision of training. A general rule of thumb is if the cost to a WFO to provide fire weather training does not exceed \$250-\$350, and if complete reimbursement cannot be easily obtained, the MIC should consider providing the training without reimbursement to the NWS. To help justify the expense, the NWS instructor should perform outreach with students and/or fire agency office staff as part of the trip. Outreach can range from reviewing fire weather services and accessibility from the NWS in a classroom and/or at a dispatch office to spotter recruitment from fire agencies. Reasonable attempts by all agencies should be made to provide training needs. **Under no circumstances can the requesting entity personally reimburse the NWS instructor for travel costs.**

Questions and concerns regarding specific training reimbursements should first be sent to your Regional Office.

Sample training request USFS Form AD-672 and DOI Template 1681-3 follow below:



## REIMBURSEMENT OR ADVANCE OF FUNDS AGREEMENT

<b>1. AGREEMENT NUMBER (25)</b>	<b>2. FISCAL YEAR (4)</b> 2006	<b>3. ESTIMATED AMOUNT (11)</b> 260	<b>4. AGY. BILL IND. (1)</b>	<b>5. TRANS CODE (1)</b>	<b>6. ACTION CODE (1)</b>				
<b>7. AGENCY REQUESTING SERVICE</b>			<b>8. AGENCY PERFORMING SERVICE</b>						
NAME (32) USDA Sequoia National Forest			NAME (32) National Weather Service						
1ST LINE ADDRESS (32) 1839 S. Newcomb			1ST LINE ADDRESS (32) San Joaquin Valley Weather Forecast Office						
2ND LINE ADDRESS (32)			2ND LINE ADDRESS (32) 900 Foggy Bottom Road						
CITY (21) Porterville	STATE(2) CA	ZIP CODE (9) 93257	CITY(21) Hanford	STATE (2) CA	ZIP CODE (9) 93230				
<b>9. SERVICE TO BE PERFORMED (Give brief explanation and basis for determining cost of services. Attach additional sheet if needed.)</b>									
Services to include presentation of training material as subject matter expert for S-290, Intermediate Fire Behavior. Course will be held at Olive Drive Training Center, Bakersfield, CA.									
Costs (quoted by employee) to equal approximately \$150 for 2 nights lodging in Bakersfield, CA, and \$110 for meals and incidental expenses.									
<b>10. LIST REFERENCES TO CORRESPONDENCE RELATIVE TO THIS WORK (Requesting Agency only.) (50)</b>				<b>Economy Act of 1932, as amended by U.S.C. 1535</b>					
IN ACCORDANCE WITH THE ECONOMY ACT OF JUNE 30, 1932, SECTION 601, 31 U.S.C. 1535									
<b>11. DURATION OF AGREEMENT</b>			<b>12. METHOD OF PAYMENT</b>						
EFFECTIVE DATE (From) January 23, 2006	CONTINUING THROUGH January 25, 2006		REIMBURSEMENT	ADVANCE OF FUNDS					
			BILLING FREQUENCY	TYPE OF ACCOUNT					
<b>13. FINANCING (REQUESTING AGENCY - WHEN NOT SERVICED BY NFC)</b>									
APPROPRIATION SYMBOL AND TITLE			PROJECT, ALLOTMENT, OR WORKPLAN NO. (As applicable)						
<b>14. FINANCING (REQUESTING AGENCY - WHEN SERVICED BY NFC)</b>									
AGENCY CODE	FUND CODE	ACCT. STATION	ACCOUNTING CLASSIFICATION					OBJECT CLASS	AMOUNT
			A	B	C	D	E		
11		0513		WFPR13				2131	\$260
<b>15. FINANCING (PERFORMING AGENCY)</b>									
AGENCY CODE	FUND CODE	ACCT. STATION	ACCOUNTING CLASSIFICATION					OBJECT CLASS	AMOUNT
			A	B	C	D	E		
16. LEAVE FACTOR		17. FICA FACTOR		18. OVERHEAD FACTOR					
<b>19. REQUESTING AGENCY APPROVAL</b>			<b>20. PERFORMING AGENCY APPROVAL</b>						
SIGNATURE		DATE		SIGNATURE		DATE			
TITLE Forest Supervisor			TITLE						
PERSON TO CONTACT Jonel Wagoner	PHONE (Area Code and No.) (559) 784-1500 x 1123	FTS	COMM X	PERSON TO CONTACT Cindy Bean	PHONE (Area Code and No.) (559) 584-3752	FTS	COMM X		

FORM AD-672 USDA (Revised 9/86)

## INSTRUCTIONS FOR FORM AD - 672 (Revised 9/86)

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 2006

3. ESTIMATED AMOUNT - Enter up to \$999,999,999.99 omit commas and decimal point.

4. AGENCY BILLING INDICATOR - Enter 1,2,3, or 4

1 - Requesting Agency is an agency serviced by NFC's MISC system  
2 - 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  
2 - Reimbursement - Government  
A - Revenue - Public  
B - Refund - Public  
C - Reimbursement - Public

6. ACTION CODE - Enter 1,2,3, or 4

1 - Add New Agreement  
2 - Change Existing Agreement  
3 - Delete Existing Agreement  
4 - Issue Bill for Method of Payment upon demand or upon completion of work

7. 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

8. NAME AND ADDRESS OF PERFORMING AGENCY - Same as item number seven.

9. SERVICES TO BE PERFORMED - Enter brief narrative.

10. LIST REFERENCES FOR CORRESPONDENCE - Enter reference data that the Requesting Agency requires for Correspondence or 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  
1 - Monthly  
2 - Quarterly  
3 - Semi-annually  
4 - Upon completion of work  
5 - Upon demand

TYPE OF ACCOUNT

0 - Transfer of Appropriation Account  
1 - 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

15. FINANCING (Performing Agency) - Enter agency code, accounting station, accounting classification code object class and amount 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 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 018/00 or 18/0.

19. APPROVAL FOR REQUESTING AGENCY - Self explanatory.

20. APPROVAL FOR PERFORMING AGENCY - Self explanatory.



# UNITED STATES DEPARTMENT OF THE INTERIOR

## INTER/INTRA-AGENCY AGREEMENT (IAA)

1. Period of Performance



START	END

Buyer has work performed for them by the Seller named in item 6b.

Seller to perform work as described herein for the agency named in item 6a.

**SEE INSTRUCTIONS ON PAGE 2**

2. Common Document Number (Agreement Number)

3. Check appropriate box

Original  Modification No.

4. Under the authority of (Cite authorities):

43 U.S.C. 1701 et seq., (FLPMA)

Working Capital Fund (WCF)

Department of the Interior Appropriation Act for FY

Other: \_\_\_\_\_

31 U.S.C. 1535 (the Economy Act)

5. Description of Work (If more space is needed, attach additional sheets):

PROJECT TITLE:

Buyer	Seller
6a. Agency: Address: Address: Administrative POC: Email: Phone Fax Technical Point of Contact: Email: Phone Fax	6b. Agency: Address: Address: Administrative POC: Email: Phone Fax: Technical Point of Contact: Email: Phone Fax:

ACCOUNT DATA	BUYER	SELLER
7. Agency Location Code	7a.	7b.
8. BPN Number (DUNS #) FSN	8a.	8b.
9. Treasury Account Symbol (TAS)	9a.	9b.
10. Standard General Ledger	10a.	10b.
11. Cost Structure/Account	11a.	11b.
12. Business Event Type Code	12a.	12b.
13. Requisition Number for Buyer/Project Account for Seller	13a.	13b.
14. Contract Line Number for Buyer/ Proposal Number or other data for Seller	14a.	14b.
15. Buyer provide Expiration of Funding Source (Date or indefinite)	15a.	15b. NOTE: Seller, ensure project completion by this date (Seller must not incur additional costs) <b>See Block 15a</b>

16. Amount Obligated by Buyer	17. Bill To (Name and Address, including zip code of <b>Finance Office</b> ):
a. Initial or current obligation: \$	Name:
b. Modification Amount (check one) \$	Address:
<input type="checkbox"/> Increase <input type="checkbox"/> Decrease	Address:
c. Total obligation: \$	

18. Billing for Federal Agencies and DOD will be processed via IPAC. (billing will be done  bi-weekly  monthly  quarterly  in advance)

Upon Approval, this agreement constitutes an obligation against Buyer requesting the work; or authority to proceed with work by Seller for the herein named agency in anticipation of reimbursement.

19. Approved for Buyer: _____ (Contracting Officer or other Authorized Signature) *other only for WCF	20. Approved by Seller: _____ (Seller's Authorizing Signature)
19a. Name (Type):	20a. Name (Type):
19b. Title:	20b. Title:
19c. Date:	20c. Date:

## INSTRUCTIONS FOR INTER/INTRA-AGENCY AGREEMENT (IAA)

NOTE: Information **highlighted** is to be completed by, or obtained from, the Seller Agency

### IAA – BUYER TO HAVE WORK PERFORMED BY A PARTICIPATING (SELLER) AGENCY

**\*Note: Complete Items below for a single funding line – continuation page is required for multiple lines of funding**

**The Buyer executes this form, completes and obligates information under Buyer data elements.**

1. Enter the start and end date (period of performance) in which work will be completed.
2. Enter the Common Document Number (Inter/intra Agency Agreement number).
3. Check “Original” if first submission, “Modification” and enter modification number if modification.
4. Check 31 U.S.C. 1535” unless another specific legislative authority exists, in which case that authority is shown under “other”. If 31 U.S.C. 1535 is checked, an Economy Act Determination **must** be prepared by the project manager and approved by a warranted Contracting Officer with delegated authority.
5. Provide a Project Title and description of the work to be performed in accordance with Acquisition, Section 1510-17.5.
6. Enter the Buyer Agency office name, city, state, zip code, Buyer technical and administrative contact names and phone nos. with area code, also include fax and Email address.
- 6a. Enter the Seller Agency office name, city, State, Buyer technical and administrative contact names and phone nos. with area code, also include fax and Email address. These fields can be completed by the Seller if unknown to the Buyer.

**This data will be referenced on your Treasury IPAC bill**

- 7a. Provide your 8 digit Agency Location Code (ALC) assigned by Treasury.
- 8a. Type your Business Partner Network Number (DUNS No.) as registered in Federal Register, this is also referred to as the FSN for DOD.
  - 9a. Provide the Treasury Account Symbol (TAS) for this funding line.
- 10a. Determine the Treasury Standard General Ledger accounts (SGL) for this funding request.
- 11a. Enter the account cost structure for your Agency. This may include an office identifier, program and budget object class.
- 12a. Provide the Business Event Type Code (BETC) for this action.
- 13a. Type the Requisition Number referenced to support this Agreement.
- 14a. Contract Line Number for this funding.
- 15a. Provide the Fund Expiration date, or type ‘Indefinite’ (for no year funds).

**\*Items 9a – 14a are specific for each line of funding on the obligation document. See \* above.**

**7b-14b. Seller Agency completes these items.**

**This data will be used to cross-reference the IA with the Seller’s reimbursable account.**

16. For an original IA; enter the amount to complete items a, c, and d. For modification; complete items a, b, c, and d.
- 16a. Enter the Initial or current obligation amount
- 16b. Enter the Modification Amount
- 16c. Check appropriate box to indicate if the funding is being increased or decreased by this action.
17. Enter the Buyer Agency, Bill To - Finance Office address, include office name, city, state, and zip code.

**Forward a copy of this draft Agreement for completion of the Seller Agency account data.**

**Obtain a signed, accepted copy of this Agreement from the Buyer Agency.**

**Ensure that the data elements in 7b-14b have been completed.**

18. Check the preferred billing schedule for the Buyer Agency and ensure that the term is acceptable for both Buyer and Seller.

19. IA must be signed by a warranted Contracting Officer with delegated authority. IA is not signed by the Buyer until approved in block 20 by the participating agency.

20. Signature of approving official for the participating agency.

**Send a fully executed copy of this Agreement to the Seller Agency after obligation is recorded in the Financial System via the IDEAS/PRISM system.**

### PARTICIPATING SELLER AGENCY TO SUPPORT THE BUYER AGENCY

**The Draft IAA is received for completion by the Seller Agency.**

**This data will be used to cross-reference the IAA with the Seller Agency’s reimbursable account in FFS or SAP.**

APPENDIX A:



# Request for Biweekly Pay Cap Waiver



*Employee for whom waiver is requested:*

Employee Name: \_\_\_\_\_

Employee Grade: GS-1340- \_\_\_\_\_

*Nature of emergency:*

Incident name: \_\_\_\_\_

Incident location: \_\_\_\_\_

Nearest city, state to incident: \_\_\_\_\_, \_\_\_\_\_  
City State

District name: \_\_\_\_\_

Forest/Park/Area Name: \_\_\_\_\_

Request received from: \_\_\_\_\_

The work to be performed is weather forecast and advisory support to the incident management team supervising emergency activities.

The employee will be working alone as the only meteorologist providing on-site forecast and advisory support to the Incident Management Team. In this capacity, the employee will be under the supervision of the Incident Commander (IC), who will dictate the work hours. The employee will record hours of work with certification accomplished by the on-site management team.

Disapproved

Approved

\_\_\_\_\_  
MIC/HIC

\_\_\_\_\_  
Date

**APPENDIX B: 2011 NWS IMET REIMBURSABLE EXPENSES REPORT FORM**

(Previous Versions Obsolete)

**COMPLETED AT INCIDENT:**

*NOTE TO IMET: Upon check-in at incident, check with Finance Section Chief to see if they are familiar with the national agreement. Provide copy if needed, emphasizing that you are under this agreement; expenses should be appropriately obligated each day. Please advise the Finance Section Chief to provide a copy of this information to the individual identified in the "Agency Unit/Division Finance Officer" section. All information required from IMET/WFO below must be supplied or NWS Regional Office will return to you for completion. See Page 3 for Project Codes*

<b>1) IMET Name:</b>	<b>2) NWS Office:</b>
<b>2) Dates of Service</b> (including travel time):	<b>3) Agency Served</b> (underline/circle lead agency for incident): USFS / BLM/ BIA / NPS / FEMA / State _____ USCG / NOAA HAZMAT / Other _____
<b>4) Agency Unit/Division Served:</b>	<b>5) Incident Name:</b>
<b>6) Agency Unit/Division Finance Officer</b> (Name, Address, Telephone number):	<b>7) Resource Order Number</b> (copy attached):
	<b>8) Incident Number and/or P Number:</b>

**COMPLETED AT WFO:**

**A. IMET ADMIN LEAVE CHARGES** (if earned)

Departure (Date/Time):	Return (Date/Time):
14 Day Dispatch (do not include travel): yes / no	Rest Period Dates:
Hours of Reimbursable Admin Leave Used: <input checked="" type="checkbox"/>	Hourly Pay Rate: = <b>Total A:\$</b>

**B. IMET ON-SITE OVERTIME** (including travel time to and from incident):

Hours Worked <input checked="" type="checkbox"/>	Hourly Pay Rate: = <b>Total B:\$</b>
--	--------------------------------------

**C. IMET M&IE PER-DIEM FOR PERFORMING ON-SITE ASSISTANCE** (insert additional rows as needed):

	Days	X	Rate	= Subtotal	-	Incident Meals	Subtotal
Travel (Rate is 3/4 of per diem at incident location minus any incident meals)	To	X	\$	= \$	-		= \$
	From	X	\$	= \$	-		= \$
At Incident (Rate is \$5 per day CONUS/\$15 OCONUS if meals supplied by incident. Otherwise, rate is per diem rate at incident)		X	\$	= \$		<b>Total C</b> (add final subtotals above right)	\$

**D. RELATED OFFICE OVERTIME** (insert additional rows as needed. Includes office OT related to IMET rest period above):

Employee Name	Hours Worked	X	Rate	= Subtotal	
		X	\$	= \$	
		X	\$	= \$	
		X	\$	= \$	
					<b>Total D</b> (add above subtotals): \$

**E. OTHER DIRECTLY RELATED COSTS** (lodging costs as needed, tolls, rentals, POV, equipment repair/replacement, general supplies etc.; receipt copies included with travel voucher copy; insert additional rows as needed)

	<b>Total E:</b>
	\$

<b>F. Total A + Total B + Total C + Total D + Total E =</b>	<b>\$</b>
---	-----------

**G. NOAA-PROVIDED COMMUNICATION SERVICES:**

BGAN Used?	Dates Used:
Gov't IMET Cell Phone Used?	Gov't IMET Cell Phone Number:

\_\_\_\_\_  
IMET Signature

\_\_\_\_\_  
MIC Signature

\_\_\_\_\_  
Date

**COMPLETED AT REGIONAL/NATIONAL OFFICES**

H: CELL PHONE EXPENSE (Alaska Region only - all other regions leave blank)	\$
--	----

<b>INCIDENT TOTAL (Total F + H)</b>	\$
Project Code:	Task Code:

\_\_\_\_\_  
REGIONAL PROGRAM MANAGER

\_\_\_\_\_  
Date

***IMET Reimbursable Package Checklist***

***Before submitting to your regional office, please ensure copies of the following are included!***

- *Page 1 completed and signed by IMET and MIC*
- *Resource Order*
- *Fire Time Report*
- *Certified T & A(s) for IMET and WFO staff who worked overtime to support the dispatch/rest period attached and correct project/task code is used*
- *Copy of Travel Voucher and any associated receipts attached*

***Note...***

- *Remember that original copies of some items are needed for your travel voucher*
- *Always keep a copy of everything at your WFO for 3 years.*

Reimbursable Project Codes:

Region	Agency	Project Code	Task Code / Task Description	
<b>Eastern Region</b>	USDA Forest Service	47M7K10	Note: For all Federal Incidents, the Task Code for all IMET services is P2V.	
	DOI Bureau of Land Management (BLM)	47M7K11		
	DOI National Park Service (NPS)	47M7K12		
	DOI Indian Affairs (IA)	47M7K13		
	DOI Fish & Wildlife (F&W)	47M7K14		
<b>Southern Region</b>	USDA Forest Service	47M7K20	<b>STATE</b>	<b>DISPATCH PROJECT CODES</b>
	DOI Bureau of Land Management (BLM)	47M7K21		
	DOI National Park Service (NPS)	47M7K22		
	DOI Indian Affairs (IA)	47M7K23		
	DOI Fish & Wildlife (F&W)	47M7K24		
<b>Central Region</b>	USDA Forest Service	47M7K30	<b>OREGON</b>	<b>47M9W01</b>
	DOI Bureau of Land Management (BLM)	47M7K31	<b>CALIFORNIA</b>	<b>47M6J02</b>
	DOI National Park Service (NPS)	47M7K32	<b>WASHINGTON</b>	<b>47M9WFE</b>
	DOI Indian Affairs (IA)	47M7K33	<b>TEXAS</b>	<b>47M1STF</b>
	DOI Fish & Wildlife (F&W)	47M7K34		
<b>Western Region</b>	USDA Forest Service	47M7K40	The single task code to be used for all IMET services/costs for state-managed incidents in the above states is P4H.	
	DOI Bureau of Land Management (BLM)	47M7K41		
	DOI National Park Service (NPS)	47M7K42		
	DOI Indian Affairs (IA)	47M7K43		
	DOI Fish & Wildlife (F&W)	47M7K44		
<b>Alaska Region</b>	USDA Forest Service	47M7K50	For all USFS IMET dispatches, Block 7 on the Reimbursement form uses:	
	DOI Bureau of Land Management (BLM)	47M7K51		
	DOI National Park Service (NPS)	47M7K52		
	DOI Indian Affairs (IA)	47M7K53		
	DOI Fish & Wildlife (F&W)	47M7K54		
<b>Pacific Region</b>	USDA Forest Service	47M7K60	USDA Forest Service; Incident Business 101B Sun Avenue NW Albuquerque, NM 87109 Attention: Elizabeth Martin Telephone: 505-563-7937	
	DOI Bureau of Land Management (BLM)	47M7K61		
	DOI National Park Service (NPS)	47M7K62		
	DOI Indian Affairs (IA)	47M7K63		
	DOI Fish & Wildlife (F&W)	47M7K64		
<b>NCEP Region</b>	USDA Forest Service	47M7K70		
	DOI Bureau of Land Management (BLM)	47M7K71		
	DOI National Park Service (NPS)	47M7K72		
	DOI Indian Affairs (IA)	47M7K73		
	DOI Fish & Wildlife (F&W)	47M7K74		
<b>OCWWS</b>	USDA Forest Service	47M7K80		
	DOI Bureau of Land Management (BLM)	47M7K81		
	DOI National Park Service (NPS)	47M7K82		
	DOI Indian Affairs (IA)	47M7K83		
	DOI Fish & Wildlife (F&W)	47M7K84		



APPENDIX C – USFS Training Reimbursement Form AD-672






**USFS REIMBURSEMENT OR ADVANCE OF FUNDS AGREEMENT**

1. AGREEMENT NUMBER (25)		2. FISCAL YEAR (4)		3. ESTIMATED AMOUNT (11)		4. AGY. BILL IND. (1)		5. TRANS CODE (1)		6. ACTION CODE (1)	
7. AGENCY REQUESTING SERVICE						8. AGENCY PERFORMING SERVICE					
NAME (32)						NAME (32)					
1ST LINE ADDRESS (32)						1ST LINE ADDRESS (32)					
2ND LINE ADDRESS (32)						2ND LINE ADDRESS (32)					
CITY (21)			STATE(2)	ZIP CODE (9)		CITY(21)			STATE (2)	ZIP CODE (9)	
9. SERVICE TO BE PERFORMED (Give brief explanation and basis for determining cost of services. Attach additional sheet if needed.)											
10. LIST REFERENCES TO CORRESPONDENCE RELATIVE TO THIS WORK (Requesting Agency only.) (50) IN ACCORDANCE WITH THE ECONOMY ACT OF JUNE 30, 1932, SECTION 601, 31 U.S.C. 1535											
11. DURATION OF AGREEMENT						12. METHOD OF PAYMENT					
EFFECTIVE DATE (From)			CONTINUING THROUGH			REIMBURSEMENT			ADVANCE OF FUNDS		
						BILLING FREQUENCY			TYPE OF ACCOUNT		
13. FINANCING (REQUESTING AGENCY - WHEN NOT SERVICED BY NFC)											
APPROPRIATION SYMBOL AND TITLE						PROJECT, ALLOTMENT, OR WORKPLAN NO. (As applicable)					
14. FINANCING (REQUESTING AGENCY - WHEN SERVICED BY NFC)											
AGENCY CODE	FUND CODE	ACCT. STATION	ACCOUNTING CLASSIFICATION					OBJECT CLASS	AMOUNT		
			A	B		C	D	E			
15. FINANCING (PERFORMING AGENCY)											
AGENCY CODE	FUND CODE	ACCT. STATION	ACCOUNTING CLASSIFICATION					OBJECT CLASS	AMOUNT		
			A	B		C	D	E			
16. LEAVE FACTOR		17. FICA FACTOR		18. OVERHEAD FACTOR							
19. REQUESTING AGENCY APPROVAL						20. PERFORMING AGENCY APPROVAL					
SIGNATURE				DATE		SIGNATURE				DATE	
TITLE						TITLE					
PERSON TO CONTACT		PHONE (Area Code and No.) ( ) -		FTS	COMM	PERSON TO CONTACT		PHONE (Area Code and No.) ( ) -		FTS	COMM

## INSTRUCTIONS FOR FORM AD - 672 (Revised 9/86)

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
3. ESTIMATED AMOUNT - Enter up to \$999,999,999.99  
omit commas and decimal point.
4. AGENCY BILLING INDICATOR - Enter 1,2,3, or 4  
  
1 - Requesting Agency is an agency serviced by NFC's MISC system  
2 - 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  
2 - Reimbursement - Government  
A - Revenue - Public  
B - Refund - Public  
C - Reimbursement - Public
6. ACTION CODE - Enter 1,2,3, or 4  
1 - Add New Agreement  
2 - Change Existing Agreement  
3 - Delete Existing Agreement  
4 - Issue Bill for Method of Payment upon demand or upon completion of work
7. 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
8. NAME AND ADDRESS OF PERFORMING AGENCY -  
Same as item number seven.
9. SERVICES TO BE PERFORMED - Enter brief narrative.
10. LIST REFERENCES FOR CORRESPONDENCE - Enter reference  
data that the Requesting Agency requires for Correspondence or 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  
1 - Monthly  
2 - Quarterly  
3 - Semi-annually  
4 - Upon completion of work  
5 - Upon demand  
  
TYPE OF ACCOUNT  
  
0 - Transfer of Appropriation Account  
1 - 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  
Amount - Enter the estimated agreement amount allowable to each  
accounting classification
15. FINANCING (Performing Agency) - Enter agency code, accounting  
station, accounting classification code object class and amount  
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 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 018/00 or 18/0.
19. APPROVAL FOR REQUESTING AGENCY - Self explanatory.
20. APPROVAL FOR PERFORMING AGENCY - Self explanatory.

# Appendix D: Dept. of Interior Training Reimbursement Template:

 <b>UNITED STATES DEPARTMENT OF THE INTERIOR</b> INTER/INTRA-AGENCY AGREEMENT (IAA)		1. Period of Performance					
   		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">START</th> <th style="width:50%;">END</th> </tr> <tr> <td style="height: 30px;"></td> <td style="height: 30px;"></td> </tr> </table>		START	END		
START	END						
Buyer has work performed for them by the Seller named in item 6b.      Seller to perform work as described herein for the agency named in item 6a. <b>SEE INSTRUCTIONS ON PAGE 2</b>							
2. Common Document Number (Agreement Number)		3. Check appropriate box <input type="checkbox"/> Original <input type="checkbox"/> Modification No.					
4. Under the authority of (Cite authorities):							
<input type="checkbox"/> 43 U.S.C. 1701 et seq., (FLPMA)		<input type="checkbox"/> Working Capital Fund (WCF)					
<input type="checkbox"/> Department of the Interior Appropriation Act for FY		<input type="checkbox"/> Other: _____					
<input type="checkbox"/> 31 U.S.C. 1535 (the Economy Act)							
5. Description of Work (If more space is needed, attach additional sheets):		PROJECT TITLE:					
<b>Buyer</b>		<b>Seller</b>					
6a. Agency: Address: Address: Administrative POC Email:                      Phone                      Fax Technical Point of Contact: Email:                      Phone                      Fax		6b. Agency: Address: Address: Administrative POC: Email:                      Phone                      Fax Technical Point of Contact: Email:                      Phone                      Fax					
<b>ACCOUNT DATA</b>		<b>BUYER</b>					
7. Agency Location Code		7a.					
8. BPN Number (DUNS #) FSN		8a.					
9. Treasury Account Symbol (TAS)		9a.					
10. Standard General Ledger		10a.					
11. Cost Structure/Account		11a.					
12. Business Event Type Code		12a.					
13. Requisition Number for Buyer/Project Account for Seller		13a.					
14. Contract Line Number for Buyer/ Proposal Number or other data for Seller		14a.					
15. Buyer provide Expiration of Funding Source (Date or indefinite)		15a.					
		7b.					
		8b.					
		9b.					
		10b.					
		11b.					
		12b.					
		13b.					
		14b.					
		15b. NOTE: Seller, ensure project completion by this date (Seller must not incur additional costs) <b>See Block 15a</b>					
16. Amount Obligated by Buyer		17. Bill To (Name and Address, including zip code of <b>Finance Office</b> ): Name: Address: Address:					
a. Initial or current obligation:                      \$							
b. Modification Amount (check one) <input type="checkbox"/> Increase <input type="checkbox"/> Decrease                      \$							
c. Total obligation:                      \$							
18. Billing for Federal Agencies and DOD will be processed via IPAC. (billing will be done <input type="checkbox"/> bi-weekly <input type="checkbox"/> monthly <input type="checkbox"/> quarterly <input type="checkbox"/> in advance)							
Upon Approval, this agreement constitutes an obligation against Buyer requesting the work; or authority to proceed with work by Seller for the herein named agency in anticipation of reimbursement.							
19. Approved for Buyer: _____ (Contracting Officer or other Authorized Signature) *other only for WCF		20. Approved by Seller: _____ (Seller's Authorizing Signature)					
19a. Name (Type):		20a. Name (Type):					
19b. Title:	19c. Date:	20b. Title:	20c. Date:				

## INSTRUCTIONS FOR INTER/INTRA-AGENCY AGREEMENT (IAA)

NOTE: Information **highlighted** is to be completed by, or obtained from, the Seller Agency

### IAA – BUYER TO HAVE WORK PERFORMED BY A PARTICIPATING (SELLER) AGENCY

**\*Note: Complete Items below for a single funding line – continuation page is required for multiple lines of funding**

**The Buyer executes this form, completes and obligates information under Buyer data elements.**

1. Enter the start and end date (period of performance) in which work will be completed.
2. Enter the Common Document Number (Inter/intra Agency Agreement number).
3. Check “Original” if first submission, “Modification” and enter modification number if modification.
4. Check 31 U.S.C. 1535” unless another specific legislative authority exists, in which case that authority is shown under “other”. If 31 U.S.C. 1535 is checked, an Economy Act Determination **must** be prepared by the project manager and approved by a warranted Contracting Officer with delegated authority.
5. Provide a Project Title and description of the work to be performed in accordance with Acquisition, Section 1510-17.5.
6. Enter the Buyer Agency office name, city, state, zip code, Buyer technical and administrative contact names and phone nos. with area code, also include fax and Email address.
- 6a. Enter the Seller Agency office name, city, State, Buyer technical and administrative contact names and phone nos. with area code, also include fax and Email address. These fields can be completed by the Seller if unknown to the Buyer.

**This data will be referenced on your Treasury IPAC bill**

- 7a. Provide your 8 digit Agency Location Code (ALC) assigned by Treasury.
- 8a. Type your Business Partner Network Number (DUNS No.) as registered in Federal Register, this is also referred to as the FSN for DOD.
  - 9a. Provide the Treasury Account Symbol (TAS) for this funding line.
- 10a. Determine the Treasury Standard General Ledger accounts (SGL) for this funding request.
- 11a. Enter the account cost structure for your Agency. This may include an office identifier, program and budget object class.
- 12a. Provide the Business Event Type Code (BETC) for this action.
- 13a. Type the Requisition Number referenced to support this Agreement.
- 14a. Contract Line Number for this funding.
- 15a. Provide the Fund Expiration date, or type ‘Indefinite’ (for no year funds).

**\*Items 9a – 14a are specific for each line of funding on the obligation document. See \* above.**

**7b-14b. Seller Agency completes these items.**

**This data will be used to cross-reference the IA with the Seller’s reimbursable account.**

16. For an original IA; enter the amount to complete items a, c, and d. For modification; complete items a, b, c, and d.
- 16a. Enter the Initial or current obligation amount
- 16b. Enter the Modification Amount
- 16c. Check appropriate box to indicate if the funding is being increased or decreased by this action.
17. Enter the Buyer Agency, Bill To - Finance Office address, include office name, city, state, and zip code.

**Forward a copy of this draft Agreement for completion of the Seller Agency account data.**

**Obtain a signed, accepted copy of this Agreement from the Buyer Agency.**

**Ensure that the data elements in 7b-14b have been completed.**

18. Check the preferred billing schedule for the Buyer Agency and ensure that the term is acceptable for both Buyer and Seller.

19. IA must be signed by a warranted Contracting Officer with delegated authority. IA is not signed by the Buyer until approved in block 20 by the participating agency.

20. Signature of approving official for the participating agency.

**Send a fully executed copy of this Agreement to the Seller Agency after obligation is recorded in the Financial System via the IDEAS/PRISM system.**

### PARTICIPATING SELLER AGENCY TO SUPPORT THE BUYER AGENCY

**The Draft IAA is received for completion by the Seller Agency.**

**This data will be used to cross-reference the IAA with the Seller Agency’s reimbursable account in FFS or SAP.**

Appendix E: State Training Reimbursement Template:

AGREEMENT No. \_\_\_\_\_

THROUGH WHICH

[STATE: \_\_\_\_\_]

[Describe State Entity]

IS PURCHASING Fire Services From  
National Oceanic and Atmospheric Administration (NOAA) National Weather Service (NWS)

1. NWS SERVICES & DURATION OF ACTIVITIES:

Services: (hydrometeorological on-site; training; other special service)

Start date: \_\_\_\_\_ End date: \_\_\_\_\_

2. AUTHORITY:

A. The Intergovernmental Cooperation Act, 31 U.S.C. §§ 6501-6508, authorizing NWS to conduct statistical and other studies and compilations, development projects, technical tests and evaluations, technical information, training activities, surveys, reports, and other similar services to a STATE or local government<sup>1</sup> when (1) a written request is made by the STATE or local government; and (2) The STATE or local government pays all identifiable NWS costs.

B. NWS program authority includes 15 U.S.C. § 313; 15 C.F.R. § 946.4; and NWS Instruction 10-405.

C. STATE authority (if desired): \_\_\_\_\_

3. TERMS:

STATE will pay NWS \$\_\_\_\_\_, (monthly, quarterly, in advance), to NWS's estimated cost for providing fire services. Cost adjustments must be made to reflect actual costs. Under Office of Management and Budget Circular A-97, STATE certifies that the services requested cannot be procured reasonably and expeditiously by ordinary business channels. Should disagreement arise on the interpretation of the provisions of this agreement that cannot be resolved at the operating level, the area(s) of disagreement shall be stated in writing by each party and presented to the other party for consideration. If agreement on interpretation is not reached within thirty days, the parties shall forward the written presentation of the disagreement to respective higher officials for appropriate resolution.

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<sup>1</sup> "STATE" means a State of the United States, the District of Columbia, a territory or possession of the United States, and an agency, instrumentality, or fiscal agent of a State. "Unit of general local government" means a county, city, town, village, or other general purpose political subdivision of a State. 31 U.S.C. § 6501.

4. NOAA CONTACT:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

STATE CONTACT:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

5. SIGNATORIES:

NOAA: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_

STATE: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_

Attachments:

- 1) STATE written request
- 2) NWS cost estimates
- 3) Services to be performed by NWS

\_\_\_\_\_  
\_\_\_\_\_