DEPARTMENT OF HEALTH AND HUMAN SERVICES
Program Support Center

AGENCY REIMBURSABLE WORK AGREEMENT

1. AGREEMENT NUMBER	2. FISCAL YEAR	3. ESTIMATED AMOUNT	4. AGY. BILL IND.	5. TRANS. CODE	6. ACTION CODE

7. **AGENCY REQUESTING SERVICE**			8. **AGENCY PERFORMING SERVICE**		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

9. SERVICES 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)*

11. **FUNDING**

PSC shall bill the _____ *citing the following:*

a. FROM

Agency Location Code	Appropriation	Allotment/ Allowance	CAN Number	Object Class	Amount	

b. TO PSC

Agency Location Code	Appropriation	Allotment/ Allowance	CAN Number	Object Class	Amount	

PERIOD OF AGREEMENT SHALL COVER THE PERIOD:

FROM _____

THROUGH _____

EFFECTIVE _____

Period may be extended or modified upon Agreement of Both Parties.

12. **OFFICE OF BUDGET AND MANAGEMENT CLEARANCE, PSC**

SIGNATURE	DATE
NAME AND TITLE	

13. **REQUESTING AGENCY AUTHORIZATION**	
OFFICE	
SIGNATURE	DATE
NAME AND TITLE	

14. **PROGRAM SUPPORT CENTER APPROVAL****	
SIGNATURE	DATE
NAME AND TITLE	

** Note: Only the Service Directors have authority to sign Inter/Intra-Agency Agreements

AUTHORITY: Authority to enter into this agreement is found under 31 U.S.C. 1535 and under Section 601 of the Economy Act of 1932, as amended.

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