<table>
<thead>
<tr>
<th>1. IAS Order Number</th>
<th>2. Prompt Pay Type / Commodity Code:</th>
</tr>
</thead>
<tbody>
<tr>
<td>AG-</td>
<td>Select one of the following:</td>
</tr>
<tr>
<td></td>
<td>C Construction 14 days</td>
</tr>
<tr>
<td></td>
<td>D Dairy Products 10 days</td>
</tr>
<tr>
<td></td>
<td>M Meat or Meat Food Products 7 days</td>
</tr>
<tr>
<td></td>
<td>O Other or Construction Final Payment 30 days</td>
</tr>
<tr>
<td></td>
<td>P Perishable Agricultural Commodities 10 days</td>
</tr>
<tr>
<td></td>
<td>(if blank APB will default to 'O' Other)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Date Goods Recvd / Accepted / Service Period End Date</th>
<th>4. Date Invoice Received at Billing Address (Invoice should be date stamped when rec'd)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>5. Vendor Invoice No:</th>
<th>6a. Vendor Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7a. Award Line Number</th>
<th>8a. IAS Receipt Number</th>
<th>9a. Dollar Amount</th>
<th>7b. Award Line Number</th>
<th>8b. IAS Receipt Number</th>
<th>9b. Dollar Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total 10. $ 0.00

<table>
<thead>
<tr>
<th>11. Notes:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

16. Attach one invoice per form and fax to (504) 426-8247 or mail to: (Use of Window Envelope is Optional)

AUTHORIZED OFFICIAL

12. Name, Title and Address of Agency Official

13. Signature

14. Date 15. Phone Number

USDA, OCFO, COD, APB
P.O. Box 60075
New Orleans, Louisiana 70160
### INSTRUCTIONS/SAMPLE

1. **IAS Order Number**
   - AG-3100-P-06-0001

2. **Prompt Pay Type / Commodity Code:**
   - Select one of the following:
     - C Construction 14 days
     - D Dairy Products 10 days
     - M Meat or Meat Food Products 7 days
     - O Other or Construction Final Payment 30 days
     - P Perishable Agricultural Commodities 10 days
   (If blank APB will default to 'O' Other)

3. **Date Goods Recvd / Accepted / Service Period End Date**
   - 10/27/2005

4. **Date Invoice Received at Billing Address**
   - (Invoice should be date stamped when rec'd)
   - 11/1/2005

5. **Vendor Invoice No:**
   - 54321

6a. **Vendor Name:**
   - Our Construction Company

6b. **FFIS Vendor ID Code**
   - 123111487B

7a. **Award Line Number.**

8a. **IAS Receipt Number**

8b. **IAS Receipt Number**

9a. **Dollar Amount**

9b. **Dollar Amount**

7. **IAS Award Line Number**

8. **IAS Receipt Number**

9. **Dollar Amount**

10. **Total**
    - $3,500.00

11. **Notes:**

16. **Attach one invoice per form and fax to (504) 426-8247 or mail to: (Use of Window Envelope is Optional)**

### USDA, OCFO, COD, APB

P.O. Box 60075
New Orleans, Louisiana 70160

**AUTHORIZED OFFICIAL**

12. **Name, Title and Address of Agency Official**
   - M. Y. Job, Contracting Officer
   - 123 Mi Casa Street
   - My City, State Zip

13. **Signature**
   - M. Y. Job

14. **Date**
   - 11/4/2005

15. **Phone Number**
   - (505) 123-4567

**FOLLOW BLOCK NUMBER 7 THROUGH 9 FOR EACH LINE ITEM RECEIVED.**

7. **Enter the IAS award line number for each IAS receipt associated with this invoice.**

8. **Enter the IAS Receipt Number that you want to be paid by this invoice. This is optional information.**

9. **Enter the dollar amount of the receipt for the award line.**
   - (Received Quantity x Unit Price)

**BLOCK NUMBER**

10. **Enter the total amount of the invoice.**

11. **Record receipt exception and other notes to NFC.**

12. **Enter the name, title and address of the authorized official.**

13. **Enter signature of authorized official.**

14. **Enter the date this form is prepared.**

15. **Enter the phone number where the authorized official can be reached for additional information.**

16. **Fax or mail to this NFC address. Attach a single invoice to the back of each Invoice Cover Sheet for IAS Payments.**

**AD-838-I (03/06)***