

United State Department of Agriculture
INVOICE COVER SHEET FOR IAS PAYMENTS (IAS-001)

AD-838-I

1. IAS Order Number AG-	2. Prompt Pay Type / Commodity Code: Select one of the following: <input type="checkbox"/> C Construction 14 days <input type="checkbox"/> D Dairy Products 10 days <input type="checkbox"/> M Meat or Meat Food Products 7 days <input type="checkbox"/> O Other or Construction Final Payment 30 days <input type="checkbox"/> P Perishable Agricultural Commodities 10 days (if blank APB will default to 'O' Other)	3. Date Goods Recvd / Accepted / Service Period End Date	4. Date Invoice Received at Billing Address (Invoice should be date stamped when rec'd)
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5. Vendor Invoice No:	6a. Vendor Name:	6b. FFIS Vendor ID Code
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7a. Award Line Number	8a. IAS Receipt Number	9a. Dollar Amount	7b. Award Line Number	8b. IAS Receipt Number	9b. Dollar Amount
Total				10.	\$ 0.00

11. Notes:

16. Attach one invoice per form and fax to (504) 426-8247 or mail to: <i>(Use of Window Envelope is Optional)</i> <p align="center">USDA, OCFO, COD, APB P.O. Box 60075 New Orleans, Louisiana 70160</p>	<p align="center">AUTHORIZED OFFICIAL</p> 12. Name, Title and Address of Agency Official 13. Signature <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">14. Date</td> <td style="width:50%;">15. Phone Number</td> </tr> </table>	14. Date	15. Phone Number
14. Date	15. Phone Number		

INSTRUCTIONS/SAMPLE

1. IAS Order Number AG-3100-P-06-0001		2. Prompt Pay Type / Commodity Code: Select one of the following: <input checked="" type="checkbox"/> C Construction 14 days <input type="checkbox"/> D Dairy Products 10 days <input type="checkbox"/> M Meat or Meat Food Products 7 days <input type="checkbox"/> O Other or Construction Final Payment 30 days <input type="checkbox"/> 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	9a. Dollar Amount	7b. Award Line Number	8b. IAS Receipt Number	9b. Dollar Amount				
0001	50760	2000.00							
0002	50762	1500.00							
			Total		10. \$3,500.00				
11. Notes:									
16. Attach one invoice per form and fax to (504) 426-8247 or mail to: <i>(Use of Window Envelope is Optional)</i> 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 <i>M. Y. Job</i> 14. Date 11/4/2005				15. Phone Number (505) 123-4567	

BLOCK NUMBER

1. Enter the IAS Order Number. If the order has both a contract number and an order number, enter the order number.
2. Enter a mark next to the Prompt Pay Type appropriate for the IAS award.
3. Enter the date the goods / services were received and accepted or the date the service period ended. When multiple receipts have occurred, always enter the latest date. The date should match the receipt date entered in IAS.
4. Enter the date the invoice was received by the Agency.
5. Enter the Vendor's Invoice Number. If none, enter "NONE."
If more than one invoice, submit a separate Invoice Cover Sheet for each.
6. Enter the vendor's name in **6a** and enter in **6b** the FFIS Vendor Identification Number (9-character TIN plus 1-character alpha code) from address line 3 on the IAS Award Document.

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.