JetForm

REIMBURSABLE WORK AUTHORIZATION

1. DATE OF REQUEST	2. RWA NUMBER *(GSA Use Only)*

3. NAME OF AGENCY			4. WORK SITE
5A. CONTACT'S NAME			
5B. CONTACT'S TELEPHONE NO.	AREA CODE	PHONE NUMBER	EXT.
5C. CONTACT'S FAX NUMBER	AREA CODE	PHONE NUMBER	
5E. CONTACT'S E-MAIL			5D. CONTACT'S ADDRESS

6. DETAILED DESCRIPTION OF REQUESTED WORK

CHECK AS APPROPRIATE		10. REQUESTED WORK DATES		13A. FED CODE	13B. BUREAU CODE
	7. PLANS ATTACHED	A. START:			
	8. MOD	B. COMPLETION:		14A. AGENCY FINANCE BILLING OFFICE	
9A. BILLING TYPE	9B. BILLING TERMS	11. AMOUNT CERTIFIED BY AGENCY		14B. STREET ADDRESS	
12A. AGENCY LOCATION CODE		12B. AGENCY ID NO.	12C. FUND CODE	14C. CITY	14D. STATE / 14E. ZIP CODE
12D. AGENCY ACCOUNTING DATA *(Limited to 60 characters)*				16A. CREDIT CARD NUMBER	16B. EXPIRTION DATE
15A. CERTIFICATION SIGNATURE			15B. DATE	16C. TYPE OF CARD *(i.e., VISA)*	16D. NAME OF CARD HOLDER
15C. NAME OF SIGNER				17. TELEPHONE NUMBER OF CERTIFYING OFFICIAL	
				AREA CODE	PHONE NUMBER / EXT.

NOTE: GSA will bill in accordance with FPMR Part 101-21.604(e)

FOR GENERAL SERVICES ADMINISTRATION USE ONLY

18. PROJECT NO.	19A. ORGANIZATION CODE	19B. B/A CODE	19C. BOAC CODE	19D. CORRES. SYMBOL

20. BRIEF PROJECT DESCRIPTION *(Limited to 25 characters)*

21. ACTION *(Check one)*	22. PLEASE CHECK IF APPROPRIATE
☐ NEW ☐ CHANGE ☐ DELETE ☐ COMPLETE	☐ COST BREAKDOWN ATTACHED ☐ MULTIPLE BLDG./FUNCTION *(See reverse)*

☐ 23. FIXED PRICE DOES NOT APPLY	☐ 24. GUARANTEE DOES NOT APPLY	25. AGREED UPON COMPLETION DATE

26A. ORGANIZATION CODE	26B. BUILDING NUMBER	26C. LEASE NUMBER	26D. FUNCTION CODE	26E. O/C	26F. TOTAL
				26G. GRAND TOTAL	

27A. GSA APPROVING OFFICIAL'S SIGNATURE	27B. DATE	27C. TELEPHONE		
		AREA CODE	NUMBER	EXT.
27D. NAME		28. POINT OF SALE TERMINAL *(For credit card purchases only)* ☐ A. FINANCE ☐ B. PBS		
29A. CERTIFICATE OF COMPLETION SIGNATURE		29B. SIGNER'S NAME *(Type or Print)*		29C. COMPLETION DATE

INSTRUCTIONS

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

ITEM NO.	SPECIFIC ITEM
1.	Enter date of work request.
2.	*For GSA Use Only.*
3.	Enter name of agency requesting the work.
4.	Enter location where work is to be performed. If multiple locations, use attachment (below).
5A-E.	Enter information regarding the individual with the authority to make decisions regarding the project.
6.	Enter a concise statement of work to be done, including location where work is to be performed.
7.	Check if agency plans are attached.
8.	Check if submittal is a modification to an existing RWA.
9A.	Enter billing type: 1 = Interfund, C = Credit Card, P =Prepaid
9B.	Enter billing terms: A = Advance, C = At completion, M = Monthly, Q = Quarterly, T = At termination, Y = Annually (in arrears), non-recurring RWA's under $25,000 will be billed at project completion. Default for billing is monthly for projects over $25,000.
10A-B.	Enter requested project start and completion dates.
11.	Enter the total dollar amount approved for funding. Must match GSA's cost quote.
12A.	Enter the eight (8) character Agency Location Code. (Treasury Pay-Station Designator)
12B.	Enter the appropriate agency identification number.
12C.	Enter the appropriate agency fund code.
12D.	Enter agency accounting information (limited to 60 characters). **THIS WILL APPEAR ON YOUR BILL.**
13A.	Enter the agency Fed Code.
13B.	Enter the agency Bureau Code.
14A-E.	Enter the appropriate billing address information.
15A-C.	Enter the date, signature, and name of agency's authorized representative, certifying the validity of order and the availability of funds.
16A-D.	Enter the credit card number, type of card, card holder's name, and expiration date. (You may contact your GSA Representative and provide the information confidentially.)
17.	Enter the certifying official's phone number.

GSA USE ONLY

18.	Enter project number, if applicable.
19A-D.	Enter: a. GSA Organization Code, b. B/A code, c. BOAC code, and d. the Organization Correspondence Symbol.
20.	Enter a brief project description, limited to 25 characters.
21.	Check the appropriate action block.
22.	Check box(es) if appropriate
23.	Check if the project is **NOT** fixed price. If the project is to be actual cost instead of fixed price, the requesting agency contact should be advised that his/her agency is responsible for all actual costs, including overhead.
24.	Check if the guarantee **DOES NOT** apply.
25.	Enter the mutually agreed upon completion date.
26A-G.	Enter the Organization Code, Building Number, Lease Number, Function Code, Object Class, Total Dollar Amount, and Grand Total.
27A-D.	Enter the signature, name, date, and telephone number of the GSA Approving Official.
28.	Enter the Point of Sale Terminal (for Credit Card Purchases Only).
29A-C.	Enter the certificate of completion signature, name, and date when the project was physically completed.

ATTACHMENT - MULTIPLE BUILDINGS/MULTIPLE FUNCTION

ORGANIZATION CODE	BUILDING NUMBER	LEASE NUMBER	FUNCTION CODE	O/C	TOTAL