MAY 29 2009

GSA Public Buildings Service

Dear GSA Public Buildings Service Customer:

As we approach the end of Fiscal Year 2009, the General Services Administration's (GSA) Public Buildings Service (PBS) would like to take this opportunity to remind our customers of the PBS reimbursable work policies and the steps necessary to comply with acquisition and procurement requirements.

We are providing this important information to assist in planning and detailing upcoming procurement actions that will require the processing of Reimbursable Work Authorizations (RWAs). We want to help develop clearly defined scopes of work early in this process and ensure timely management of your service needs and obligation of funds.

For **FY09,** all Civilian Agencies should submit RWA requests to GSA by September **1,** 2009. **RWAs** received after September **1,** 2009 are at a higher risk for non-acceptance by September **30th,** and may be returned to the customer for **FY10** funding.

RWA requests must be submitted on GSA's RWA Form 2957, dated 0312009 (enclosure 1). Please use the enclosed RWA Customer Checklist as an aid (enclosure 2). An RWA request must include:

- Clearly defined scope of work including location(s) of where the work is to be performed.
- Customer agency bona fide need for the requested goods or services.

The customer agency funds should not be obligated until the RWA has been accepted by GSA.

We value you as our customer and hope that our procurement and reimbursable work practices are clear and helpful.

Should you have questions, please contact your GSA PBS Regional RWA Policy Subject Matter Experts (enclosure 3). Additional RWA information including frequently asked questions is available on our National RWA website: www.gsa.gov/rwachange.

Sincerely,

Lawrence A. Melton
Acting Assistant Commissioner
Office of Facilities Management
and Services Programs

Martha J. Benson
Assistant Commissioner
Office of Client Solutions

Enclosures

U.S. General Services Administration
1800 F Street, NW
Washington, DC 20405-0002
www.gsa.gov

RWA Acceptance Criteria:

Acceptance of an RWA occurs when the following criteria are met:

- GSA employee and customer agency agree on the estimate to complete the work requested including the cost for management and indirect services. The cost estimate must equal the agency's certified amount (authorized amount) on the GSA Form 2957 Block 12.
- Agreed to start and completion dates.
- Customer Agency Certifying Official's signature and information on GSA RWA Form 2957 in Block 16.
- GSA Approving Official's signature and information on GSA RWA Form 2957 in Block 30.
- Customer Agency's finance billing office information on the GSA RWA Form 2957 in Block 14.
- Customer Agency's valid funding authorities, which includes the following:
    1. Agency Location Code (ALC)
    2. Agency Accounting Data
    3. BPN/DUNs Number
    4. Treasury Account Symbol
    5. Fund Year
    6. Fund Type (Annual, No-year, or Multiple-year)
    7. Requisition ID (for IRS only)

REIMBURSABLE WORK AUTHORIZATION
(See instructions on Page 3)

Unless specified otherwise, the authority for this agreement is 40 U.S.C. §592(b)(2).

1. DATE OF REQUEST

2. RWA NUMBER *(GSA Use Only)*

3. N P E OF REQUIREMENTS *(GSA Use Only)*
☐ SEVERABLE ☐ NON-SEVERABLE ☐ GOODS

4. AGENCY AND BUREAU NAME

5. WORK LOCATION

6A. AGENCY CONTACT NAME

6B. AGENCY CONTACT'S TELEPHONE NUMBER

6C. AGENCY CONTACT'S E-MAIL

6D. AGENCY CONTACT'S FAX NUMBER

6E. AGENCY CONTACT'S ADDRESS

7. DESCRIPTION OF REQUIREMENTS

8. AMENDMENT
RWA amendment provided to change total authorized amount by
$ from $ to $

9A. BILLING TYPE

P6. BILLING TERMS

10A. AGENCY LOCATION CODE

10B. FISCAL STATION NUMBER (DOD ONLY)

10C. REQUISITION IDENTIFICATION NUMBER

11. REQUESTED WORK DATES
A. START
B. COMPLETION

12. AGENCY CERTIFIED AMOUNT

13A. AGENCY ACCOUNTING DATA *(Limited to 130 characters)*

13B. AGENCY FUND YEAR

13C. FUND TYPE *Please check Fund Type. If applicable, also check RECOVERY ACT - see instructions.*
☐ ANNUAL APPROPRIATION ☐ NO-YEAR APPROPRIATION
☐ MULTIPLE YEAR APPROPRIATION ☐ RECOVERY ACT

13D. EXPIRATION DATE OF OBLIGATIONAL AUTHORITY

13E. AGENCY/CUSTOMER BUSINESS PARTNER NETWORK/DATA UNIVERSAL NUMBERING SYSTEM NUMBER (BPN/DUNS)

13F. AGENCY/CUSTOMER ORDER NUMBER

13G. TREASURY ACCOUNT SYMBOL

14A. AGENCY BILLING CONTACT E-MAIL ADDRESS

14B. AGENCY FINANCE BILLING OFFICE

14C. STREET ADDRESS

14D. CITY

14E. STATE

14F. ZIP CODE

15A. CREDIT CARD NUMBER

15B. EXPIRATION DATE

15C. TYPE OF CARD

15D. NAME OF CARD HOLDER

By its signature below, the Requesting Agency certifies (a) that all special funding and procurement requirements of the Requesting Agency, including statutory or regulatory requirements applicable to the funding being provided by the Requesting Agency, have been disclosed to GSA; (b) that all internal reviews/approvals required by the Requesting Agency prior to placing this RWA with GSA have been completed; (c) that the Requesting Agency has a bona fide need in the current fiscal year for the work described in this RWA; and (d) that the funds identified by the Requesting Agency in this RWA are legally available for further obligation and expenditure by GSA in furtherance of the work described in this RWA. Further written assurances regarding funding availability may be required depending on the facts and circumstances of individual requests (e.g., RWAs in amounts exceeding GSA's statutory prospectus thresholds).

16A. SIGNATURE OF FUND CERTIFYING OFFICIAL

16B. DATE

16C. NAME OF FUND'S CERTIFYING OFFICIAL

16D. CERTIFYING OFFICIAL'S E-MAIL ADDRESS

16E. TELEPHONE NUMBER OF CERTIFYING OFFICIAL | PHONE NUMBER | EXTENSION

GENERAL SERVICES ADMINISTRATION INTERNAL CUSTOMER OR INTERFUND CUSTOMER ONLY

17. FED CODE	18. PEGASYS DOCUMENT NUMBER	19. PEGASYS ACCOUNTING LINE NUMBER	20. FUND CODE	21. INTERFUND YEAR

NOTE: The General Services Administration will bill in accordance with Federal Management Regulation (41 CFR) Section 102-85.195. It is anticipated that the Agency Certified Amount provided in Block 12 will be sufficient to complete the work requirements of the Requesting Agency. If it is determined that the funds provided by the Requesting Agency will be insufficient to complete the work requested under this agreement, GSA will seek an amended RWA from the Requesting Agency for additional funding prior to incurrence of costs above the Agency Certified Amount.

RWA NUMBER (GSA *Use* Only)

FOR **GENERAL** SERVICES ADMINISTRATION USE ONLY

22. PROJECT CONTROL NUMBER	23A. SUMMARY ORGANIZATION CODE	23B. LEASE NUMBER	23C. BUDGET ACTIVITY (Check One) ☐ PG53 ☐ PG61 ☐ PG80	23D. WORK ITEM NUMBER

23E. CUSTOMER BILLED OFFICE ADDRESS CODE (BOAC)	23F. CORRESPONDENCE SYMBOL	23G. AGENCY BUREAU CODE

24A. AGREED-UPON CONTRACT AWARD DATE	24B. AGREED-UPON COMPLETION DATE	25. BRIEF PROJECT DESCRIPTION *(Limited to 25 Characters)*.

26. ACTION (Check one)

- ☐ NEW
- ☐ CANCELLED
- ☐ CHANGE
- ☐ COMPLETE

27. PLEASE CHECK IF APPROPRIATE

- ☐ SUPPLEMENTAL LEASE AGREEMENT
- ☐ OVERTIME UTILITIES
- ☐ PLANS ATTACHED

28A. ORGANIZATION CODE	28B. BUILDING NUMBER	28C. FUNCTION CODE	28D. OBJECT CLASS	28E. TOTAL
			28F GRAND TOTAL	

29A. GSA PROJECT CONTACT NAME

29B. GSA PROJECT CONTACT PHONE NUMBER	29C. GSA PROJECT CONTACT E-MAIL ADDRESS

30A. GSA APPROVING OFFICIAL'S SIGNATURE	30B. DATE	30C. GSA APPROVING OFFICIAL'S PHONE NUMBER

30D. GSA APPROVING OFFICIAL'S NAME	31. SELLER/GENERAL SERVICES ADMINISTRATION BUSINESS PARTNER NETWORK/DUNS NUMBER (BPN/DUNS)
30E. GSA APPROVING OFFICIAL'S E-MAIL ADDRESS	

32A. CERTIFICATE OF COMPLETION SIGNATURE	32B. SIGNER'S NAME *(Type or Print)*	32C. COMPLETION DATE

INSTRUCTIONS

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

ITEM NUMBER	SPECIFIC ITEM
1.	Enter date of work request.
2.	For GSA Use Only Enter Reimbursable Work Authorization Number.
3.	For GSA Use Only Check whether the RWA is for severable services, non-severable services, or goods. Goods should only be incidental to a larger PBS project.
4.	Enter name of agency requesting the work. If applicable, enter the specific Agency Bureau name. For example, if an Internal Revenue Service customer, enter "Department of the Treasury, Internal Revenue Service."
5.	Enter location where work is to be performed.
6A-E.	Enter the information regarding the agency's representative responsible for the project, including contact name, telephone number. address, fax number, and e-mail address. The agency's representative must have authority to make decisions regarding the project
7.	Enter a description of the requirements sufficient to demonstrate a bona fide need. The bona Bde needs rule is statutory (31 U.S.C. § 1502) and is defined in the GAO's Principles of *Appropriations Law* (Red Book) as follows: A fiscal-year appropriation may be obligated only to meet a legitimate, or *bona fide*, need arising in, or in some ca: arising prior to but continuing to exist in, the fiscal year for which the appropriation was made. (Red Book, p. 5-11) Because obligation occurs when GSA accepts a customer's funds, there must be a documented bona fide needs assessment at the lime the RWA is accepted. In practice, this means lhat there must be, at a minimum, a specific, definite and concise description of the requirements associated with the funds at the time of RWA acceptance.
8.	Check if an amended RWA. If yes, indicate the dollar amount of the change, the previous total authorized amount, and the new total authorized amount.
9A.	Enter billing type: I=Interfund, P=Prepaid, O=Intergovernmental Payment and Collection (IPAC)/Intergovernmental Transfer System (IGOTS), N=Non IPAC/IGOTS, 7=Automated Credit Card, C=Credit Card. **(If billing type "C" is selected, the mer must register through the Department of the Treasury's PAY.GOV system.)**
9B.	Enter billing terms: A=Advance, M=Monthly, Q=Quarterly.
10A.	Enter the eight (8) character agency location code. (Treasury Pay-Station Designator)
10B.	DOD IPAC Only.
10C.	Mandatory for Internal Revenue Service Customers; optional for all others. Enter the appropriate Requisition ID number.
11.	Enter requested project start and completion dates. NOTE: This should not be used as the agreed upon contractual award date. Please see Block 24A and instructions.
12.	Enter the total dollar amount approved for funding. This dollar amount must match the cost estimate provided by GSA.
13A.	This data will print on most billings. Enter agency accounting information (limited to 130 Characters). For GSA Internal/ Interfund customers. the agency accounting data should Include, at a minimum. Organization Code. Function Code, Budget Activity, and the SGL Account.
13B.	Enter the fiscal year of the agency funds.
13C.	Check the appropriate fund type. Fund types may cite one of the following types ofappropriatlons: ▪ Annual - An appropriation provided for a specified fiscal year and available for obligation only during the fiscal year for which made. ▪ Multiple Year - An appropriation available for obligation for a definite period in excess of one fiscal year. ▪ No Year - Funding available for obligation without fiscal vear limitation. ▪ RECOVERY ACT - Funding provided through economic recovery legislation. GSA-PBS will issue unique numbers for RWA's tied to economic recovery legislation to ensure that applicable reporting requirements are met. **If you mark the** RECOVERY ACT **checkbox, you must also indicate the type of funding (annual, multiple year, or no year) using one of the above checkboxes.**
13D.	Enter the expiration date of the *obligational authority* for the funds if funds are annual or multiple year. For example, if the funds cite an annual appropriation for FY 2007, the expiration date entered would be 9/30/2007. **Do not complete this block if a** › Year appropriation is marked in Block 13C
13E.	Enter the Agency/Customer Business Partner Network/Data Universal Numbering System Number (BPN/DUNS). For DOD, this is the DOD Activity Address Code (DODAAC) number.
13F.	For Ordering Agency Use Only. Enter number that references this purchase (e.g., agency internal control number).
13G	Enter the Treasury Account Symbol (required for IPAC billings).
14A.	Enter the contact e-mail address for agency billings.
14A-E.	Enter the appropriate Requesting Agency Bnance billing contact information. including the e-mall address of a hnance representative who can address any billing issues
15A-D.	Enter the credit card number, expiration date, type of card, and cardholder **name.** You may also phone the appropriate GSA-PBS officialwith this information.
16A.	Enter signature of authorized Agency representative, certifying the validity of the order form and the availability of funds. Further written assurances may be required - see the certification paragraph preceding this section 16A
16B.	Enter date form was signed
16C-E.	Enter the name, e-mail address, and phone number of the Agency certifying official who has signed the form,

GSA internal Customer or Interfund Customer

17 Enter the two (2) character Fedcode.

18. Mandatory for all General Services Administration internal customers. Enter the eight (8) character Pegasys Document number.

'19 Enter the Pegasys accountingline number. This field is optional and is limited to two (2) characters.

20. Enter four (4) character fund code.

21. Enter one (1) character interfund year. This is the last position of the fund code enteredin Block 20.

General Services Administration/Public Buildings Service

22. Enter Project Control Number

23A. Enter summary-level GSA organizationcode

23B. Enter tne lease number (if applicable).

23C. Cneck the appropriate budget activity code.

23D. Enter the four (4) character work item number used to track repalr and alteration tasks.

23E. Enter the six (6) cnaracter Billed Office Address Code (BOAC).

23F. Enter the correspondence symbol.

23G. Enter the four (4) character Agency Bureau Code.

24A. Enter the date of conlractual award agreed-upon by GSA-PBS and the Requesting Agency. Per GSA acquisition policy, GSA-PBS has a "reasonable time, based on the complexities of the requirement." to contractually obligate funds accepted from a Requesling Agency."

24B. Enter the mutually agreed-upon completion date.

25. Enter a brief project description (limited to 25 characters).

26. Check the appropriate action block.

27. Check as appropriate

28A-F. if multiple buildings or multiple functions are cited, enter organizationcode, building number, function code, object class and total amount for each building or function. The form limit is 15 lines. If additional lines are needed, please attach a spreadsheet providing the information requestedin Blocks 28A-F.

29A-C. Enter the name, telephone number, and e-mail address of a project contact who can ansvfer questions regarding all work planned or performed under this RWA.

30A. Enter the signature of the GSA approving official

30B. Enter the date of signature.

30C-E. Enter the name. telephone number, and e-mall address of the GSA approving official.

31. Enter the seller/GSA Business Partner Network/Data Universal Numbering System Number (BPN/DUNS).

32A-C. Enter the certificationof completion signature, certifying name. and completion date.

RWA FILE CHECKLIST FOR TENANT AGENCIES

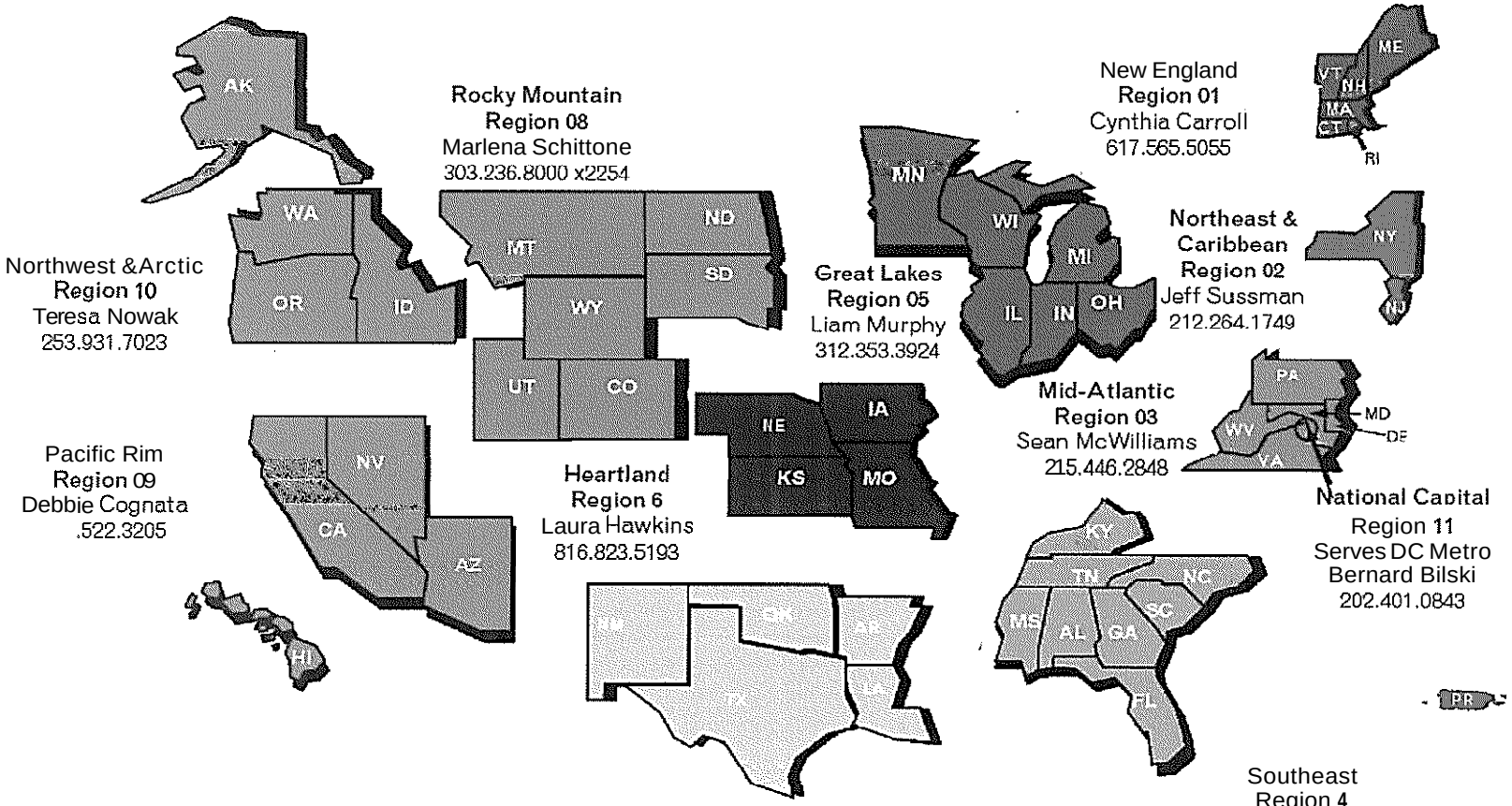
DOCUMENTATION	REQUIRED	NOT REQUIRED
GSA 2957 (RWA) CURRENT VERSION WITH THE FOLLOWING FIELDS FILLED IN		
1. DATE OF REQUEST	☐	
4. AGENCY AND BUREAU NAME	☐	
5. WORK LOCATION	☐	
6A. AGENCY CONTACT NAME	☐	
6B. AGENCY CONTACT'S TELEPHONE NUMBER	☐	
6C. AGENCY CONTACT'S EMAIL	☐	
6D. AGENCY CONTACT'S FAX NUMBER	☐	
6E. AGENCY CONTACT'S ADDRESS	☐	
7. DESCRIPTION OF REQUIREMENTS	☐	
8. AMENDMENT, when applicable	☐	
10A. AGENCY LOCATION CODE	☐	
12. AGENCY CERTIFIED AMOUNT	☐	
13A. AGENCY ACCOUNTING DATA	☐	
13B. AGENCY FUND YEAR	☐	
13C. FUND TYPE (ANNUAL, MULTI OR NO-YEAR) AND CHECK RECOVERY ACT BOX IF APPLICABLE	☐	
13D. EXPIRATION DATE OF OBLIGATIONAL AUTHORITY	☐	
13E. BPN/DUNS NUMBER	☐	
13F. AGENCY/CUSTOMER ORDER NUMBER	☐	☐
13G. TREASURY ACCOUNTING SYMBOL	☐	
14A. AGENCY BILLING CONTACT EMAIL ADDRESS	☐	
14B. AGENCY FINANCE BILLING OFFICE	☐	
14C. AGENCY BILLING OFFICE STREET ADDRESS	☐	
14D-F AGENCY BILLING OFFICE CITY, STATE AND ZIP	☐	
16A. SIGNATURE OF CERTIFYING OFFICIAL	☐	
16B. DATE	☐	
16C. NAME OF SIGNER	☐	
16D. CERTIFYING OFFICIAL'S EMAIL ADDRESS	☐	
16E. TELEPHONE NUMBER OF CERTIFYING OFFICIAL	☐	
SCOPE OF WORK (must be sufficiently detailed so that the agency bona fide need is evident)	☐	
PLANS OR SPECS	☐	☐

(March 12, 2009)

ADDITIONAL INFORMATION: Block 11 on the GSA Form 2957 Requested Work Dates should not be filled in at the time of submission. GSA will work with the tenant agency and will come to an agreement on these requested work dates. The acceptance of a reimbursable agreement (request) within PBS must be based on an intention to execute the agreement within a reasonable time after acceptance. In order for the obligation by the requesting agency to be alid, the funds must be available for obligation. The requesting agency must have a current bona fide need for the goods or services to be provided by PBS at the time the agency enters into the reimbursable agreement. Future needs or needs outside the scope of the reimbursable agreement shall not be added to the reimbursable agreement.

GSA PBS Regional RWA Contacts

April 2009



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National Reimbursable Services Program

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