

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:		14A. AGENCY FINANCE BILLING OFFICE			
8. MOD		B. COMPLETION:					
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				
12D. AGENCY ACCOUNTING DATA (Limited to 60 characters)		16A. CREDIT CARD NUMBER		16B. EXPIRATION 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
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20. BRIEF PROJECT DESCRIPTION (Limited to 25 characters)

21. ACTION (Check one)				22. PLEASE CHECK IF APPROPRIATE	
<input type="checkbox"/> NEW	<input type="checkbox"/> CHANGE	<input type="checkbox"/> DELETE	<input type="checkbox"/> COMPLETE	<input type="checkbox"/> COST BREAKDOWN ATTACHED	<input type="checkbox"/> MULTIPLE BLDG./FUNCTION (See reverse)
<input type="checkbox"/> 23. FIXED PRICE DOES NOT APPLY		<input type="checkbox"/> 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)		
		<input type="checkbox"/> A. FINANCE <input type="checkbox"/> B. PBS		
29A. CERTIFICATE OF COMPLETION SIGNATURE		29B. SIGNER'S NAME (Type or Print)		29C. COMPLETION DATE

