U.S. DEPARTMENT OF AGRICULTURE FOOD SAFETY AND INSPECTION SERVICE

CHECKLIST FOR REIMBURSABLE AGREEMENTS (RA)

DISTRIBUTION: Each office is required to complete their portion of the checklist and forward it to the next office along with all required documents. This checklist was created to identify the accounting distribution data required for all RA's. The following information should be identified on all RA's prior to forwarding to the Financial Management Division (FMD). When ALL information is included in the RA, initial and date.

Program Office Point of Contact (POC) Prepares:	
FSIS 1210-7 (Request for Clearance)	
AD-672 Reimbursement or Advance of Funds Agreement	
SSIS 1210-14 Reimbursable Funds Transfer Actions - (OPTIONAL)	
FSIS 1210-15 Checklist	
Statement of Work (SOW)	
Agency Location Code (ALC) or Vendor Code of Agency Performing Service. Please Identify:	
Obligating Document (MO) number from Requesting Agency. Please Identify:	
CAN number from Requesting Agency. Please Identify:	
Treasury Account Symbol (TAS) from Requesting Agency. Please Identify:	
Verify Name, Phone, FAX Number, Title and Organization Unit of the Person Preparing the Documer Enter Information:	nt.
Verify Phone, FAX Number of Performing Agency.	
Enter Information:	
Forward all documentation (FSIS 1210-7, AD-672, 1210-14, and SOW) to FMD	INITIALS AND DATE:
	INTINES / AND B/ATE.
Office of the Chief Financial Officer:	
Signs Form AD-672 Reimbursement or Advance of Funds Agreement	
Signs Form FSIS 1210-7 (Request for Clearance)	
Returns signed documentation to FMD	INITIALS AND DATE:
Financial Management Division POC should:	
Review AD-672, FSIS 1210-7, FSIS 1210-14, (optional), FSIS 1210-15 and SOW	
Request program code conversion	
Assign FSIS number to Agreement	
Verify Proper Signatures on Clearance Sheet from Program Office	
Review Program Code, Object Class, and the Amount of the Agreement	
Notify Budget Division to set up funding in the SALC table for the agreement	
Update information from the Agreement and the status into SharePoint	
Submit scanned copy of completed document to the Requesting Agency	INITIALS AND DATE:

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