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| NUMBER |
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INTERAGENCY AGREEMENT

STD. 13 (REV 9-89)

Distribution:

THIS AGREEMENT is entered into this _____ day of _____, 20____, by and between the undersigned State Agencies:

Set forth services, materials, or equipment to be furnished, or work to be performed, and by whom, time for performance including the terms, date of commencement and date of completion, and provision for payment per (1225 and 8752-8752.1 SAM.)

- Agency providing services
- Agency receiving services
- Department of General Services
(unless exempt from DGS approval)
- Controller

(Continued on _____ sheets which are hereby attached and made a part hereof)

| | | | | | | | |
|--|--|--|------------|----------|---------|---------|-------------|
| NAME OF STATE AGENCY RECEIVING SERVICES | | NAME OF STATE AGENCY PROVIDING SERVICES | | | | | |
| CALLED ABOVE SHORT NAME | | CALLED ABOVE (SHORT NAME) | | | | | |
| AUTHORIZED SIGNATURE | | AUTHORIZED SIGNATURE | | | | | |
| PRINTED NAME AND TITLE OF PERSON SIGNING <i>(Title)</i> | | PRINTED NAME AND TITLE OF PERSON SIGNING <i>(Title)</i> | | | | | |
| FUND NUMBER AND NAME | | FUND NUMBER AND NAME | | | | | |
| AMOUNT ENCUMBERED BY THIS DOCUMENT | PROGRAM/CATEGORY (CODE TITLE) | FUND TITLE | | | | | |
| \$ | (OPTIONAL USE) | Department of General Services Use Only | | | | | |
| PRIOR AMOUNT ENCUMBERED | ITEM | | | | CHAPTER | STATUTE | FISCAL/YEAR |
| \$ | | | | | | | |
| TOTAL ENCUMBERED AMOUNT TO DATE | OBJECT OF EXPENDITURE (CODE AND TITLE) | | | | | | |
| \$ | I hereby certify upon my own personal knowledge that budgeted funds are available for the period and purpose of the expenditure state above. | | T.B.A. NO. | B.R. NO. | | | |
| SIGNATURE OF ACCOUNTING OFFICER | | | DATE | | | | |