

FEDLINK

Federal Library and Information Center Committee

FEDLINK

Online Account Management

Transfer Pay Account Adjustment
IAG Amendment Form Procedures

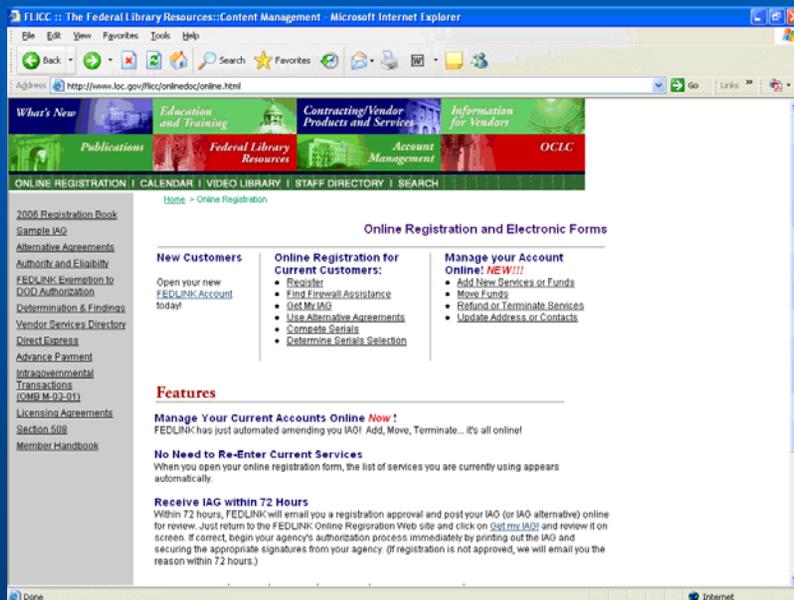
FLICC - FEDLINK MEMBER SERVICES



- From the Main page click on “Account Management” link at the top of the screen

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- Under the heading **Online Forms** select “**Managing Your Accounts Online**”



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Fedlink Services - IAG/Adjustment Amendment Request Form - Netscape

File Edit View Go Bookmarks Tools Window Help

FEDLINK MEMBERS SERVICES

Account IAG/Adjustment Amendment Request Forms

Move Funds: Are you moving funds to a different FEDLINK ID? [Yes.](#) [No.](#)

[Refunds or Terminate Services](#)

[Add New Funds / New Services](#)

[View the old Account IAG/Adjustment Amendment Request](#)

Document: Done (0.1 secs)

10:55 AM

- If you want to move funds you must first answer “yes” or “no” to the question.

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Fedlink Services - IAG/Adjustment Amendment Request Form - Netscape

Fedlink Services - IAG/Adjus...

FEDLINK MEMBERS SERVICES

ACCOUNT IAG AMENDMENT REQUEST FORM

Move Funds between Diff. Members and Same Diff. FYs

If you want to move funds to a different FEDLINK ID, please answer these questions:

Move Funds:

1. Are you in the same command? [Yes](#). [No](#).
2. Are you under the same appropriation? [Yes](#). [No](#).
3. Are you affiliated with this Agency? [Yes](#). [No](#).

Done

- If you answered yes to the question “Are you moving funds to a different FEDLINK ID?”, you must answer “yes” or “no” to the questions on this screen. If you answer yes to all of the questions you will be taken to the amendment form. If you answer “no” to any of the questions you will be directed to contact the FEDLINK Fiscal Hotline.

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FEDLINK ACCOUNT ADJUSTMENT/AG AMENDMENT - MOVE FUNDS

B: MOVE FUNDS (Decrease Funds)
(Move Funds Out of a Transfer Pay Account - FEDLINK ID [empc] and FY [])

Account	Service ID and Name	Action	Service Dollars Amount
Transfer			\$2000.00
Transfer			\$
Total Decrease			\$

Certification: I certify that I have checked with the vendor and that the balance that will remain in the above service account(s) after funds are removed or refunded will be sufficient to cover all outstanding and projected usage of the service(s) for the fiscal year indicated. My agency is responsible for any additional charge accrued under the LC/FEDLINK BOA.

C: MOVE FUNDS (Increase Funds)
(Move Funds Into a Transfer Account - Same Member's Account and Same FY Different FY [])

Account	Service ID and Name	Action	Fund Type	Service Dollars Amount
Transfer				\$2000.00
Transfer				\$
Total Increase				\$

Current Fiscal Year: I certify that an increase in funds is necessary to cover actual and/or planned agency commitments for the current fiscal year.
 Prior Fiscal Year: I certify that my agency received goods/services from the vendor(s) identified above. An increase in funds is necessary to cover actual agency commitments for the prior fiscal year indicated and I request LC C&L to consider ratification of this increase.

D: SIGNATURE (yellow fields are required)
I understand and accept the policies and procedures for using FEDLINK services described in the current *FEDLINK Registration Booklet and Member Handbook*. I authorize LC/FEDLINK to amend my IAG to adjust my existing pay service accounts and to begin new services where specified. By submitting this request form does not change my

- Complete the Decrease Funds portion first. Enter Your FEDLINK ID and Fiscal Year select the service account, action, then enter the service dollar amount you want to “Move Out” (do not use commas when entering dollar amounts). Now complete the Increase Funds portion of the form, select the fiscal year of the increase funds, select the service account, action, fund type, then enter the service dollar amount you want to “Move In” (Remember: no commas). Make sure the “Total Decrease” and “Total Increase” amount match

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FEDLINK Member: Account Adj/AG Amendment Request Form - Netscape

FEDLINK ACCOUNT ADJUSTMENT/AG AMENDMENT
TERMINATE SERVICES/FUNDS OF REFUND

Fiscal Year: [dropdown] (Please use one form per fiscal year)

B. TERMINATE SERVICE (Please make sure account balance is zero - Transfer Pay Account)

Service ID and Name

Transfer: [dropdown]
Transfer: [dropdown]

I authorize FEDLINK to terminate the services provided under my IAG from the vendor specified above.
I certify that, as of the date of this request, my agency will no longer place orders with or use the services of the above vendor under the LC/FEDLINK BOA. Any additional charges accrued will be responsibility of my agency.

I will complete section C to instruct FEDLINK on how to handle any funds remaining in the terminated service account.

C. MOVE FUNDS (Decrease Funds) (Refund or Move Funds Out of a Transfer Pay Account)

Account	Service ID and Name	Action	Service Dollars Amount
Transfer	[dropdown]	Refund	\$2000.00
Transfer	[dropdown]	Refund	\$
Transfer	[dropdown]	Refund	\$
Transfer	[dropdown]	Refund	\$
Transfer	[dropdown]	Refund	\$
Transfer	[dropdown]	Refund	\$
Transfer	[dropdown]	Refund	\$
Transfer	[dropdown]	Refund	\$
Transfer	[dropdown]	Refund	\$
Total Decrease			\$

Certification: I certify that I have checked with the vendor and that the balance that will remain in the above service account(s) after funds are removed or refunded will be sufficient to cover all outstanding and projected usage of the service(s) for the fiscal year indicated. My agency is responsible for any additional charge accrued under the LC/FEDLINK BOA.

Refund Address: Please do not send the refund to the basic point of contact address on my agency's IAG. Send the refund to the following address instead:
[text area]

D. SIGNATURE (yellow fields are required)

I understand and accept the policies and procedures for using FEDLINK services described in the current *FEDLINK Registration Booklet and Member Handbook*. I authorize LC/FEDLINK to amend my IAG to adjust my existing pay service accounts and to begin new services where specified. By submitting this request form does not change my agency's obligation to LC under the IAG, but my authorization will initiate changes in the allocation of funds among services. I also confirm the certifications require above.

Full Name: Ruby Thomas Phone (area): 202-707-4920
FEDLINK ID: [text] Password: [text]
Signature: [text] Date: [text]

- Use this section of the form to request a refunds. To request a refund, enter the fiscal year in the yellow bar at the top of the form. Complete the “Decrease Funds portion of the form, select the service ID and name, then enter the service dollar amount to be refunded (you must allow six to eight weeks for all refunds)

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FEDLINK Member: Account Adj/IG Amendment Request Form - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Address http://www.loc.gov/flicc/online/doc/paaarts.html

FEDLINK ACCOUNT ADJUSTMENT/IG AMENDMENT TERMINATE SERVICES/FUNDS or REFUND

Fiscal Year (Please use one form per fiscal year)

B. TERMINATE SERVICE (Please make sure account balance is zero - Transfer Pay Account)

Service ID and Name

Transfer

Transfer

I authorize FEDLINK to terminate the services provided under my IAG from the vendor specified above.

I certify that, as of the date of this request, my agency will no longer place orders with or use the service of the above vendor under the LC/FEDLINK BOA. Any additional charges accrued will be responsibility of my agency.

I will completed section C to instruct FEDLINK on how to handle any funds remaining in the terminated service account.

C. MOVE FUNDS (Decrease Funds) (Refund or Move Funds Out of a Transfer Pay Account)

Account	Service ID and Name	Action	Service Dollars Amount
Transfer		Refund	\$
Total Decrease			\$

Certification: I certify that I have checked with the vendor and that the balance that will remain in the above service account(s) after funds are removed or refunded will be sufficient to cover all outstanding and projected usage of the service(s) for the fiscal year indicated. My agency is responsible for any additional charge accrued under the LC/FEDLINK BOA.

Refund Address: Please do not send the refund to the basic point of contact address on my agency's IAO. Send the refund to the following address instead.

D. SIGNATURE (yellow fields are required)

I understand and accept the policies and procedures for using FEDLINK services described in the current FEDLINK Registration Booklet and Member Handbook. I authorize

- Use this section of the form to request a terminate service. To request a terminate service, select the service ID and name, then check the box to indicate that you will complete section C of this form. If funds are in the account(s) to be terminated you must complete section C before terminating of the account(s).

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FEDLINK Member: Account Adj/IAG Amendment Form - LOC - Netscape

FEDLINK ACCOUNT ADJUSTMENT/IAG AMENDMENT
ADD NEW SERVICES/FUND TO CURRENT YEAR

(Please use one form per fiscal year)

B: ADD FUND TO CREATE NEW SERVICE ACCOUNT (Transfer or Direct Pay Account - Current FY)

Account Type	Service ID and Name	Action	Service Dollars	Fund Type
Transfer		B	\$	A
Transfer		B	\$	A
Transfer		B	\$	A
Transfer		B	\$	A
Transfer		B	\$	A
Transfer		B	\$	A

Serials Services: If you will use serials subscription services (EB, FX, OB, RE, or SZ) check appropriate box(es) below.

Serials

Serials Renewal: Exercise my option to renew with the vendor chosen in my previous FEDLINK serials competition. That vendor's service ID and my FY2002 funding for serials are in the boxes above.

Completed Competition: ...Competition for my agency's serials is complete. The Service ID's and FY2002 funding for the chosen vendor(s) are shown in the box(es) above.

New SZ/TZ Competition: ...Complete my agency's FY2002 serials and register my agency temporarily for service SZ for Serials for the FY2002 funding shown in the boxes above.

C: ADD NEW FUNDS TO EXISTING ACCOUNT (Transfer or Direct Pay Account for FY)

Account Type	Service ID and Name	Action	Service Dollars	Fund Type
Transfer		A	\$	A
Transfer		A	\$	A
Transfer		A	\$	A
Transfer		A	\$	A
Transfer		A	\$	A
Transfer		A	\$	A

Current Fiscal Year: I certify that an increase in funds is necessary to cover actual and/or planned agency commit commitments for the current fiscal year.

Prior Fiscal Year: I certify that this agency received goods/services from the vendor(s) identified above and that an increase in funds is necessary to cover actual agency commitments for the prior fiscal year indicated.

D: SIGNATURE (yellow fields are required.)

I understand and accept the policies and procedures for using FEDLINK services described in the current *FEDLINK Registration Booklet and Member Handbook*. I authorize LC/FEDLINK to amend my IAG to adjust my existing pay service accounts and to begin new services where specified. By submitting this request form does not change my agency's obligation to LC under the IAG, but my authorization will initiate changes in the allocation of funds among services. I also confirm the certifications require above.

Full Name _____ Phone (ext.) _____

FEDLINK ID _____ Password _____

Signature: _____ Date: _____

- Use this section of the form to add funds to create a new service account or to add new funds to an existing account. You must use one form per fiscal year (i.e. if you want to add funds to your 2004 account and 2005 account complete this form for the 2005 account then use a new form for the 2004 add funds. To complete the form select the account type, service ID name, action, enter the service dollar amount, then indicate the fund type.

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FEDLINK Member: Account Adj/IAG Amendment - Move Fund Form - Netscape

FEDLINK Member: Account ...

Transfer			\$
Transfer			\$
Total Decrease			\$

Certification: I certify that I have checked with the vendor and that the balance that will remain in the above service account(s) after funds are removed or refunded will be sufficient to cover all outstanding and projected usage of the service(s) for the fiscal year indicated. My agency is responsible for any additional charge accrued under the LC/FEDLINK BOA.

C. MOVE FUNDS (Increase Funds)
(Move Funds Into a Transfer Account - Same Member's Account and Same FY Different FY)

Account	Service ID and Name	Action	Fund Type	Service Dollars Amount
Transfer				\$2000.00
Transfer				\$
Total Increase				\$

Current Fiscal Year: I certify that an increase in funds is necessary to cover actual and/or planned agency commitments for the current fiscal year.

Prior Fiscal Year: I certify that my agency received goods/services from the vendor(s) identified above. An increase in funds is necessary to cover actual agency commitments for the prior fiscal year indicated and I request LC C&L to consider ratification of this increase.

D. SIGNATURE (yellow fields are required.)

I understand and accept the policies and procedures for using FEDLINK services described in the current *FEDLINK Registration Booklet and Member Handbook*. I authorize LC/FEDLINK to amend my IAG to adjust my existing pay service accounts and to begin new services where specified. By submitting this request form does not change my agency's obligation to LC under the IAG, but my authorization will initiate changes in the allocation of funds among services. I also confirm the certifications require above.

Name	Ruby Thomas	Phone (ends)	202-707-4920
FEDLINK ID	rsbv	Password	****

Signature: _____ Date: _____

- The signature portion in yellow at the bottom of each form must be completed by the member agency, whether move funds, add funds, refund or terminate service. After completing the appropriate form, complete the signature portion of the form then click on the submit button. You will send an email request to FEDLINK to process your transaction. In case of move funds each vendor will be notified of all decrease in funds, and requested to verify that funds are available. Please allow 15 business days for processing of all request except refunds which take six to eight weeks for processing. Once the request is processed you will receive an email from FEDLINK instructing you of the next steps

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FEDLINK Member: Account Adjustment Amendment Form. - Netscape

File Edit View Go Communicator Help

Location: http://www.loc.gov/fliccServlet/pmema041

FEDLINK ACCOUNT ADJUSTMENT AMENDMENT

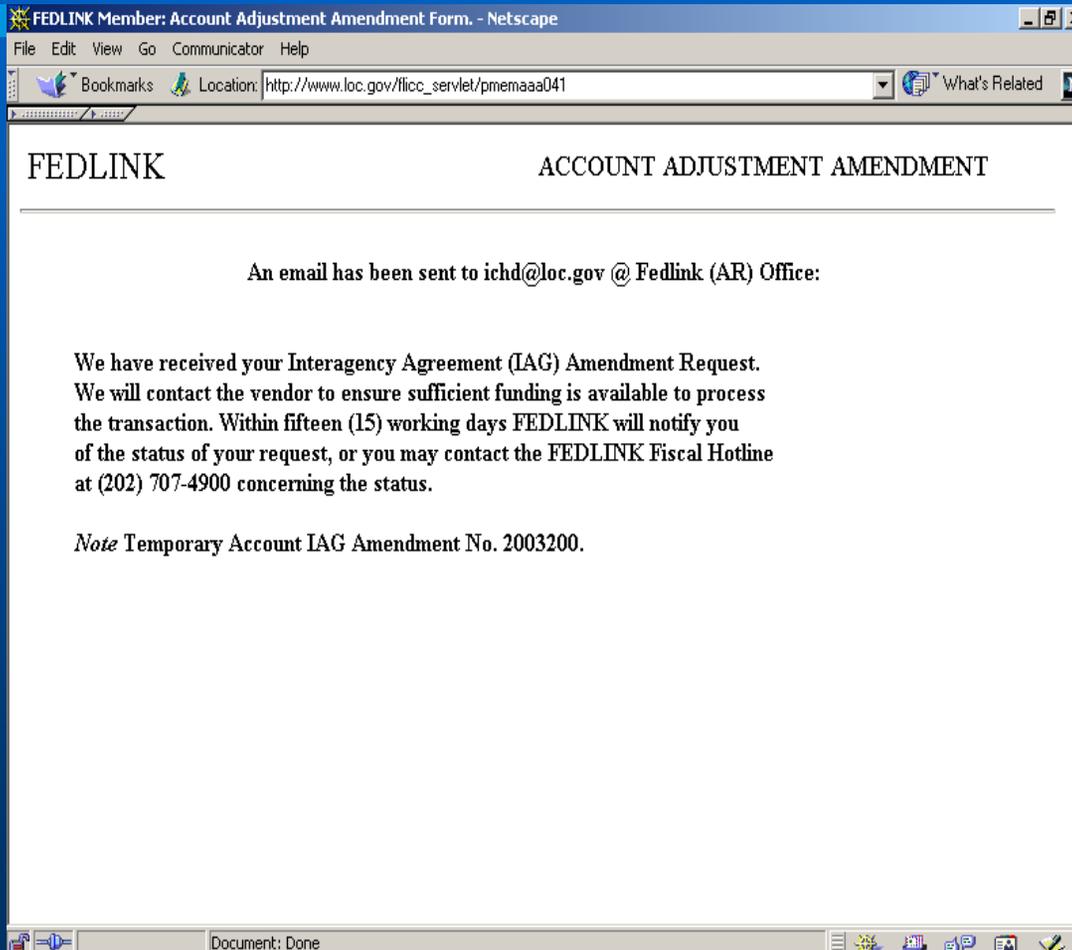
A: AGENCY IDENTIFICATION
(These fields cannot be edited. To change names or addresses, please use the [Supplemental Address Form](#).)

Date: Fri May 21 09:19:08 EDT 2004	LAG#: 03-69-3779	FEDLINK ID: loci	
Agency Name: Library of Congress Information Technical Services, Library of Congress			
Contact First Name	Ich T.	Last Name	Do
Title:	Computer Specialist		
Branch/Office:	Information Technical Services, Library of Congress		
Address:	101 Independence Ave. SE.		
City:	Washington	State	DC Zip 90540
Phone(commercial):	202-707-5876	Email	ichd@loc.gov
Fax (commercial):	202-707-0955	Library URL	

Temporary Amendment Number: 2003200

- Review your Agency Official Contact Information. You must click "Reviewed" to complete your request. If you do not hit the reviewed button your request will not be processed. If your information needs to be changed you must go to the Change of Address/Supplemental Address Form to change your information. After you submit your request go immediately to the form to make the appropriate change(s)

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The screenshot shows a Netscape browser window with the title "FEDLINK Member: Account Adjustment Amendment Form. - Netscape". The address bar displays "http://www.loc.gov/flicc_servlet/pmemaaa041". The page content includes the following text:

FEDLINK ACCOUNT ADJUSTMENT AMENDMENT

An email has been sent to ichd@loc.gov @ Fedlink (AR) Office:

We have received your Interagency Agreement (IAG) Amendment Request. We will contact the vendor to ensure sufficient funding is available to process the transaction. Within fifteen (15) working days FEDLINK will notify you of the status of your request, or you may contact the FEDLINK Fiscal Hotline at (202) 707-4900 concerning the status.

Note Temporary Account IAG Amendment No. 2003200.

- **Print this page for your record, make a note of the temporary amendment number provided at the bottom of the page, you will need it to review your unprocessed request, and you must reference this number when contacting the FEDLINK Fiscal Hotline.**