

Welcome to Wide Area Workflow!

Please start by selecting one of the links from the menu above.

WARNING!

- If using a word processor program (i.e. Microsoft Word, WordPerfect, Microsoft WordPad, Microsoft Write, etc.) to create FTP files, EDI files, or to cut-and-paste text field data into the WAWF Web application, then the text must first be cut/copied out of the word processor program and pasted into Microsoft Notepad, or another ASCII text editor and saved in the text editor, before sending the data to WAWF. This converts the text to text-only format and removes control characters that contain formatting information.
- Please DO NOT use the browser BACK BUTTON within the WAWF application.
- The use of the browser's BACK BUTTON is not supported within the WAWF application when completing electronic forms.
- Use of this button will cause the loss of data not yet saved to the server.
- Where they exist, use the PREVIOUS or RETURN buttons to return to a previous page within the WAWF application.
- In data capture and when reviewing documents, you may move from tab to tab to work with the various information categories, e.g., Document Header, Addresses, Comments, Line Items, etc.



This presentation will demonstrate an Acceptor Accepting a Performance Based Payment document.

This presentation contains Audio narrative. Please adjust your volume accordingly.

[Help](#)

Logon Date : 2010/11/30 10:13:07 EST Last Accessed Date : 2010/11/30 10:13:07 EST

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Acceptor

- Create Document
- Acceptance Folder
- History Folder by DoDAAC
- History Folder by User
- Hold Folder
- Recall - Action Required Folder
- Rejected Transactions Folder
- Post Payment Review Folder
- Suspended CEFT Transactions Folder
- Saved Documents Folder
- Pure Edge Folder

Welcome to Wide Area Workflow!

Please start by selecting one of the links from the menu above.

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- The use of the browser's Back button will cause the browser to return to a previous page within the WAWF application when completing electronic forms.
- Use of this button will cause the browser to return to a previous page within the WAWF application.
- Where they exist, use the Forward button to return to a previous page within the WAWF application.
- In data capture and when reviewing data, users may move from tab to tab to work with the various information categories, e.g., Document Header, Addresses, Comments, Line Items, etc.

The Acceptor selects the Acceptance Folder from the Acceptor menu option.

Help

Search Criteria - Acceptance Folder

FOUO - Privacy Sensitive:

Privacy Act Statement - This information is protected under the Privacy Act of 1974 and shall be handled as "FOR OFFICIAL USE ONLY." Violations may be punishable by fines, imprisonment, or both.

The Search Criteria page is displayed. This page will allow the Acceptor to search for the documents in the Acceptor Folder.

DoDAAC *

Select Location Code

Contract Number

[Text Input]

Delivery Order

[Text Input]

Vendor (Payee) / Vendor (Payee) Extension

[Text Input] [Text Input]

Ship From / Ship From Extension

[Text Input] [Text Input]

Shipment No.

[Text Input]

Invoice Number

[Text Input]

SSN / Confirm SSN

[Text Input] [Text Input]

Tax Id (EIN)

[Text Input]

Type Document

All Documents

Status

All Documents

Create / Update Date (YYYY/MM/DD)

2010/10/31 [Calendar Icon]

Create / Update Date End (YYYY/MM/DD)

2010/11/30 [Calendar Icon]

Acceptance Date (YYYY/MM/DD)

[Text Input] [Calendar Icon]

Acceptance Date End (YYYY/MM/DD)

[Text Input] [Calendar Icon]

Invoice Received Date (YYYY/MM/DD)

[Text Input] [Calendar Icon]

Invoice Received Date End (YYYY/MM/DD)

[Text Input] [Calendar Icon]

Estimated Delivery Date (YYYY/MM/DD)

[Text Input] [Calendar Icon]

Estimated Delivery Date End (YYYY/MM/DD)

[Text Input] [Calendar Icon]

DoDAAC *

FU4417



The DoDAAC field is the only mandatory field.

Contract Number

Delivery Order

Vendor (Payee) / Vendor (Payee) Extension

Ship From / Ship From Extension

Shipment No.

Invoice Number

SSN / Confirm SSN

Tax Id (EIN)

Type Document

All Documents

Status

All Documents

Create / Update Date (YYYY/MM/DD)

2010/10/31



Create / Update Date End (YYYY/MM/DD)

2010/11/30



Acceptance Date (YYYY/MM/DD)



Acceptance Date End (YYYY/MM/DD)



Invoice Received Date (YYYY/MM/DD)



Invoice Received Date End (YYYY/MM/DD)



Estimated Delivery Date (YYYY/MM/DD)



Estimated Delivery Date End



The Acceptor can use the Results Columns drop down list to choose to display only certain columns of data on the Results page.

Result Size / Result Font

20 items 13px

Result Columns

- Invoice Columns
- Shipment and Invoice Columns
- Shipment and Invoice Columns (without dates)
- Shipment Columns
- Shipment Columns (without dates)
- Invoice Columns
- Invoice Columns (without dates)

Submit

Help

DoDAAC * FU4417	
Contract Number <input type="text"/>	Delivery Order WBTA
Vendor (Payee) / Vendor (Payee) Extension <input type="text"/> <input type="text"/>	Ship From / Ship From Extension <input type="text"/> <input type="text"/>
Shipment No. <input type="text"/>	Invoice Number <input type="text"/>
SSN / Confirm SSN <input type="text"/> <input type="text"/>	Tax Id (EIN) <input type="text"/>
Type Document All Documents	Status All Documents
Create / Update Date (YYYY/MM/DD) 2010/10/31	Create / Update Date End (YYYY/MM/DD) 2010/11/30
Acceptance Date (YYYY/MM/DD) <input type="text"/>	Acceptance Date End (YYYY/MM/DD) <input type="text"/>
Invoice Received Date (YYYY/MM/DD) <input type="text"/>	Invoice Received Date End (YYYY/MM/DD) <input type="text"/>
Estimated Delivery Date (YYYY/MM/DD) <input type="text"/>	Estimated Delivery Date End (YYYY/MM/DD) <input type="text"/>
Result Size / Result Font 20 items 13px	Result Columns Invoice Columns

The Acceptor clicks the Submit button after entering the select criteria.

Submit **Help**

[User](#) [Government](#) [Documentation](#) [Lookup](#) [Logout](#)

Acceptance Folder for 'FU4417' (3 items, sorted by Contract Number)

Item	Type	Vendor (Payee)	Contract Number↑	Delivery Order	Invoice Number	Submitted	Received	Status	Purge	Hold	Amount
1	Construction Invoice	493R2	F03000CICONA1	WBTA	INV843	2010-11-17	D2010-11-17	Submitted		H	\$935.00
2	Commercial Item Financing	493R2	HQ0337CIFWBTA	WBTA	CFAB525	2010-11-22	D2010-11-22	Submitted		H	\$5,125.00
3	Performance Payment	493R2	HQ0337PBPWBTA	WBTA	PBPB789	2010-11-20	D2010-11-20	Submitted		H	\$1,030.00

The Acceptance Folder page is displayed. This page contains a list of documents that match the selection criteria.

[Return](#)[Help](#)

Logon Date : 2010/11/30 10:13:07 EST Last Accessed Date : 2010/11/30 10:14:01 EST

[Security & Privacy](#) [Accessibility](#) [Vendor Customer Support](#) [Government Customer Support](#) [FAQ](#) [Site Index](#)

Acceptance Folder for 'FU4417' (3 items, sorted by Contract Number)

Item	Type	Vendor (Payee)	Contract Number↑	Delivery Order	Invoice Number	Submitted	Received	Status	Purge	Hold	Amount
1	Construction Invoice	493R2	F03000CICONA1	WBTA	INV843	2010-11-17	D2010-11-17	Submitted		H	\$935.00
2	Commercial Item Financing	493R2	HQ0337CIFWBTA	WBTA	CFAB525	2010-11-22	D2010-11-22	Submitted		H	\$5,125.00
3	Performance Payment	493R2	HQ0337PBPWBTA	WBTA	PBPB789	2010-11-20	D2010-11-20	Submitted		H	\$1,030.00

Return Help

Logon Date : 2010/11/30 10:13:07 EST Last Accessed Date : 2010/11/30 10:14:01 EST

Security & Privacy Accessibility Vendor Customer Support Government Customer Support FAQ Site Index

The Acceptor can select a document to review by clicking the Performance Based Payment document Number link for the appropriate document.

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Acceptor - Performance Based Payment

Header | [Line Item](#) | [ACRN WS](#) | [FMS](#) | [Addresses](#) | [Misc. Info](#) | [Preview Document](#)

Contract Number	Delivery Order	Issue Date	
HQ0337PBPWBTA	WBTA	2010/02/20	
Request Number	Invoice Number	Invoice Date	Invoice Received Date
PBPB789	INV1209	2010/11/20	2010/11/20
Date of last communication	Date of encumbrance notification	Date of most recent financial information	
		2010/11/20	

Summary of Detail Level Information	Total
1 CLIN(s)	\$ 1,030.00

The Header page is displayed when the Acceptor opens the Performance Based Payment document.

Routing Information

Role	Location Code	Extension	Name
Payee	493R2		COMERICA INCORPORATED
Pay Official	HQ0337		DFAS - COLUMBUS CENTER
Admin	S0512A		DCMA LOS ANGELES
Inspect By	FA3030		FA3030 17 CONS CC
Contracting Officer	FU4417		FU4417 1 SOCS SOCS ATTN BECO

Contractor Certification

I certify to the best of my knowledge and belief that --

- (1) This request for performance-based payment is true and correct; this request (and attachments) has been prepared from the books and records of the Contractor, in accordance with the contract and the instructions of the Contracting Officer;
- (2) (Except as reported in writing on ()), all payments to subcontractors and suppliers under this contract have been paid, or will be paid, currently, when due in the ordinary course of business
- (3) There are no encumbrances (except as reported in writing on ()) against the property acquired or produced for, and allocated or properly chargeable to, the contract which would affect or impair the Government's title;
- (4) There has been no materially adverse change in the financial condition of the Contractor since the submission by the Contractor to the Government of the most recent written information dated (2010/11/20); and
- (5) After the making of this requested performance-based payment, the amount of all payments for each deliverable item for which performance-based payments have been requested will not exceed any limitation in the contract, and the amount of all payments under the contract will not exceed any limitation in the contract.

Routing Information

Role	Location Code	Extension	Name
Payee	493R2		COMERICA INCORPORATED
Pay Official	HQ0337		DFAS - COLUMBUS CENTER
Admin	S0512A		DCMA LOS ANGELES
Inspect By	FA3030		FA3030 17 CONS CC
Contracting Officer	FU4417		FU4417 1 SOCS SOCS ATTN BECO

Contractor Certification

I certify to the best of my knowledge and belief that --

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- (3) There are no encumbrances (except as reported in writing on ()) against the property acquired or produced for, and allocated or properly chargeable to, the contract which would affect or impair the Government's title;
- (4) There has been no materially adverse change in the financial condition of the Contractor since the submission by the Contractor to the Government of the most recent written information dated (2010/11/20); and
- (5) After the making of this requested performance-based payment, the amount of all payments for each deliverable item for which performance-based payments have been requested will not exceed any limitation in the contract, and the amount of all payments under the contract will not exceed any limitation in the contract.

Signature Date

Norma Rice_IMACROS

Signature of Contractor Representative

* = Required Fields

ACTION BY: FU4417 *

- Approve
- Approve Lesser Amount
- Reject to Initiator

The Acceptor can save an incomplete document by clicking the Save Draft Document button. The Save and Continue functionality allows the user to save the document in its current state and either continue working on it, or come back to it at a later time.

Approved Amount (\$)

1,030.00

Signature Date

YYYY/MM/DD

that the services have been received and were accepted.

Signature

Signature Of Authorized Government Representative

Submit

Save Draft Document

Previous

Help

Routing Information

Role	Location Code	Extension	Name
Payee	493R2		COMERICA INCORPORATED
Pay Official	HQ0337		DFAS - COLUMBUS CENTER
Admin	S0512A		DCMA LOS ANGELES
Inspect By	FA3030		FA3030 17 CONS CC
Contracting Officer	FU4417		FU4417 1 SOCS SOCS ATTN BECO

Contractor Certification

I certify to the best of my knowledge and belief that --

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Norma Rice_IMACROS

Signature of Contractor Representative

The Acceptor can Approve, Approve Lesser Amount or Reject the Performance Based Payment document.

* = Required Fields

ACTION BY: FU4417 *

- Approve
- Approve Lesser Amount
- Reject to Initiator

Approved Amount (\$)

1,030.00

Signature Date

YYYY/MM/DD



I certify that the services have been received and were accepted.

Signature

Signature Of Authorized Government Representative

Submit

Save Draft Document

Previous

Help

Acceptor - Performance Based Payment

- Header
- Line Item
- ACRN WS
- FMS
- Addresses
- Misc. Info
- Preview Document

Contract Number HQ0337PBPWBTA	Delivery Order WBTA	Issue Date 2010/02/20	
Request Number PBPB789	Invoice Number INV1209	Invoice Date 2010/11/20	Invoice Received Date 2010/11/20
Date of last communication	Date of encumbrance notification	Date of most recent financial information 2010/11/20	

Summary of Detail Level Information

1 CLIN(s)

The Acceptor can navigate to the Line Item page by clicking the Line Item tab.

Routing Information

Role	Location Code	Extension	Name
Payee	493R2		COMERICA INCORPORATED
Pay Official	HQ0337		DFAS - COLUMBUS CENTER
Admin	S0512A		DCMA LOS ANGELES
Inspect By	FA3030		FA3030 17 CONS CC
Contracting Officer	FU4417		FU4417 1 SOCS SOCS ATTN BECO

Contractor Certification

I certify to the best of my knowledge and belief that --

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- (5) After the making of this requested performance-based payment, the amount of all payments for each deliverable item for which performance-based payments have been requested will not exceed any limitation in the contract, and the amount of all payments under the contract will not exceed any limitation in the contract.

The Line Item page is displayed. The Acceptor can review the contents of the Line Item page.

Acceptor - Performance Based Payment

Contract Number	Delivery Order	Request Number	Invoice Number	Invoice Date
HQ0337PBPWBTA	WBTA	PBPB789	INV1209	2010/11/20

Total CLIN Amount: \$1,030.00 Total Approved Amount: \$

CLIN	AAI	CLIN Amount (\$)	Approved (\$)				
0001	065464	1030.00					
Event	Code	ACRN	Quantity	Unit	Price (\$)	Extension Price (\$)	Approved (\$)
E13123	C		40	HR	25.75	1030.00	
Description							
Line Description for							
ACRN		Amount					
QA		30.00					
QZ		1,000.00					

The Acceptor can edit or enter the Accounting Agency Identifier or Standard Document Number, if the AAI or SDN fields are available.

Acceptor - Performance Based Payment

- Header
- Link Item
- ACRN WS
- FMS
- Addresses
- Misc. Info
- Preview Document

Contract Number	Delivery Order	Request Number
HQ0337PBPWBTA	WBTA	PBPB789

The Acceptor can enter an Approved Amount for the Event.

Total CLIN Amount: \$1,030.00 Total Approved Amount: \$ 0.00

CLIN	AAI	CLIN Amount (\$)					Approved (\$)
0001	854505	1030.00					
Event	Code	ACRN	Quantity	Unit	Price (\$)	Extension Price (\$)	Approved (\$)
E13123	C		40	HR	25.75	1030.00	
Description							
Line Description for this Performance Based Payment							
ACRN	Amount (\$)						
QA	30.00						
QZ	1,000.00						



- Save Draft Document
- Help

Acceptor - Performance Based Payment

- Header
- Line Item
- ACRN WS**
- FMS
- Addresses
- Misc. Info
- Preview Document

Contract Number	Delivery Order	Request Number	Invoice Number	Invoice Date
HQ0337PBPWBTA	WBTA	PBPB789	INV1209	2010/11/20
Total CLIN Amount: \$1,030.00			Total Approved Amount: \$	0.00

CLIN	AAI	CLIN Amount (\$)	Approved (\$)
0001	854505	1030.00	

Event	Code	ACRN	Quantity	Unit	Price (\$)	Extension Price (\$)	Approved (\$)
E13123	C		40	HR	25.75	1030.00	

Description
Line Description for this Performance Based Payment

ACRN	Amount (\$)
QA	30.00
QZ	1,000.00

The Acceptor can navigate to the ACRN Worksheet page by clicking the ARCN WS tab.

- Save Draft Document
- Help

Acceptor - Performance Based Payment

- Header
- Line Item
- ACRN WS**
- FMS
- Addresses
- Misc. Info
- Preview Document

Contract Number	Delivery Order	Request Number	Invoice Number	Invoice Date
HQ0337PBPWBTA	WBTA	PBPB789	INV1209	2010/11/20

Approved Amount (\$)	Worksheet Total (\$)	Difference (\$)
1,030.00	0.00	1,030.00

[Add ACRN](#)

The ACRN Worksheet page is displayed. The Acceptor can review the contents of the ACRN Worksheet page.

- Save Draft Document
- Help

Acceptor - Performance Based Payment

- Header
- Line Item
- ACRN WS**
- FMS
- Addresses
- Misc. Info
- Preview Document

Contract Number	Delivery Order	Request Number	Invoice Number	Invoice Date
HQ0337PBPWBTA	WBTA	PBPB789	INV1209	2010/11/20
Approved Amount (\$)	Worksheet Total (\$)	Difference (\$)		
1,030.00	0.00	1,030.00		

[Add ACRN](#)

The Acceptor clicks the Add ACRN link to add ACRN information.

- Save Draft Document
- Help

Acceptor - Performance Based Payment

- Header
- Line Item
- ACRN WS**
- FMS
- Addresses
- Misc. Info
- Preview Document

Contract Number	Delivery Order	Request Number	Invoice Number	Invoice Date
HQ0337PBPWBTA	WBTA	PBPB789	INV1209	2010/11/20

Approved Amount (\$)	Worksheet Total (\$)	Difference (\$)
1,030.00	0.00	1,030.00

The Acceptor enters the ACRN and ACRN Amount.

ACRN	Amount (\$)	Actions
WQ	30	Delete ACRN
CLIN	CLIN Amount	Actions
		Add CLIN
		Add ACRN

- Save Draft Document
- Help

Acceptor - Performance Based Payment

- Header
- Line Item
- ACRN WS**
- FMS
- Addresses
- Misc. Info
- Preview Document

Contract Number	Delivery Order	Request Number	Invoice Number	Invoice Date
HQ0337PBPWBTA	WBTA	PBPB789	INV1209	2010/11/20

Approved Amount (\$)	Worksheet Total (\$)	Difference (\$)
1,030.00	0.00	1,030.00

ACRN	Amount (\$)	Actions
<input type="text" value="WQ"/>	<input type="text" value="30"/>	Delete ACRN

CLIN	CLIN Amount	Actions
		Add CLIN

[Add ACRN](#)

The Acceptor clicks the Add ACRN link to add another ACRN.

- Save Draft Document
- Help

Acceptor - Performance Based Payment

- Header
- Line Item
- ACRN WS**
- FMS
- Addresses
- Misc. Info
- Preview Document

Contract Number	Delivery Order	Request Number	Invoice Number	Invoice Date
HQ0337PBPWBTA	WBTA	PBPB789	INV1209	2010/11/20

Approved Amount (\$)	Worksheet Total (\$)	Difference (\$)
1,030.00	30.00	1,000.00

ACRN	Amount (\$)	Actions
<input type="text" value="WQ"/>	<input type="text" value="30.00"/>	Delete ACRN

CLIN	CLIN Amount	Actions
		Add CLIN

ACRN	Amount (\$)	Actions
<input type="text" value="WW"/>	<input type="text"/>	Delete ACRN

CLIN	CLIN Amount	Actions
		Add CLIN

[Add CLIN](#)

[Add ACRN](#)

The Acceptor adds the ACRN and clicks the Add CLIN link to add a CLIN to the ACRN.

- Save Draft Document
- Help

User Government Documentation Lookup Logout

Acceptor - Performance Based Payment

Header Line Item ACRN WS FMS Addresses Misc. Info Preview Document

Contract Number	Delivery Order	Request Number	Invoice Number	Invoice Date
HQ0337PBPWBTA	WBTA	PBPB789	INV1209	2010/11/20

Approved Amount (\$)	Worksheet Total (\$)	Difference (\$)
1,030.00	1,030.00	0.00

ACRN	Amount (\$)	Actions
<input type="text" value="WQ"/>	<input type="text" value="30.00"/>	Delete ACRN

CLIN	CLIN Amount	Actions
		Add CLIN

The Acceptor enters the CLIN and CLIN Amount.

ACRN	Amount (\$)	Actions
<input type="text" value="WW"/>	1,000.00	Delete ACRN

CLIN	CLIN Amount	Actions
<input type="text" value="0111"/>	<input type="text" value="1,000.00"/>	Delete CLIN Add CLIN

Add ACRN

Save Draft Document Help

Acceptor - Performance Based Payment

- Header
- Line Item
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- Preview Document

Contract Number	Delivery Order	Request Number	Invoice Number	Invoice Date
HQ0337PBPWBTA	WBTA	PBPB789	INV1209	2010/11/20

Approved Amount (\$)	Worksheet Total (\$)	Difference (\$)
1,030.00	1,030.00	0.00

If the document is going directly to the Payer or the payment system, the ACRN Worksheet must balance with the Approved Amount. The Difference amount must equal zero (0).

ACRN	Amount (\$)	Actions
WQ	30.00	Delete ACRN

CLIN	CLIN Amount	Actions
		Add CLIN

ACRN	Amount (\$)	Actions
WW	1,000.00	Delete ACRN

CLIN	CLIN Amount	Actions
0111	1,000.00	Delete CLIN
		Add CLIN

Add ACRN

- Save Draft Document
- Help

Acceptor - Performance Based Payment

- Header
- Line Item
- ACRN WS
- FMS
- Addresses
- Misc. Info
- Preview Document

Contract Number	Delivery Order	Request Number	Invoice Number	Invoice Date
HQ0337PBPWBTA	WBTA	PBPB789	INV1209	2010/11/20

Approved Amount (\$)	Worksheet Total (\$)	Difference (\$)
1,030.00	1,030.00	0.00

ACRN	Amount (\$)	Actions
WQ	30.00	Delete ACRN

CLIN	CLIN Amount	Actions
		Add CLIN

ACRN	Amount (\$)	Actions
WW	1,000.00	Delete ACRN

CLIN	CLIN Amount	Actions
0111	1,000.00	Delete CLIN

Add CLIN

Add ACRN

The Acceptor can navigate to the FMS page by clicking the FMS tab.

- Save Draft Document
- Help

Acceptor - Performance Based Payment

- Header
- Line Item
- ACRN WS
- FMS**
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- Misc. Info
- Preview Document

Contract Number	Delivery Order	Request Number	Invoice Number	Invoice Date
HQ0337PBPWBTA	WBTA	PBPB789	INV1209	2010/11/20

Approved Amount (\$)	Worksheet Total (\$)	Difference (\$)
1,030.00	1,030.00	0.00

Country Code	Associated Dollars (\$)	Actions
<input type="text" value="MX"/>	<input type="text" value="1,030.00"/>	Delete Add

The FMS page is displayed. The Acceptor can review the contents of the FMS page.

- Save Draft Document
- Help

Acceptor - Performance Based Payment

- Header
- Line Item
- ACRN WS
- FMS**
- Addresses
- Misc. Info
- Preview Document

Contract Number	Delivery Order	Request Number	Invoice Number	Invoice Date
HQ0337PBPWBTA	WBTA	PBPB789	INV1209	2010/11/20
Approved Amount (\$)	Worksheet Total (\$)	Difference (\$)		
1,030.00	1,030.00	0.00		

Country Code	Associated Dollars (\$)	Actions
FG	30	Delete Add

FMS information can be deleted or added by clicking the Delete or Add links.

The Acceptor edits the Country Code and enters Associated Dollars Amount to balance the Approved Amount.

- Save Draft Document
- Help

Acceptor - Performance Based Payment

- Header
- Line Item
- ACRN WS
- FMS**
- Addresses
- Misc. Info
- Preview Document

Contract Number	Delivery Order	Request Number	Invoice Number	Invoice Date
HQ0337PBPWBTA	WBTA	PBPB789	INV1209	2010/11/20

Approved Amount (\$)	Worksheet Total (\$)	Difference (\$)
1,030.00	1,030.00	0.00

Country Code	Associated Dollars (\$)	Actions
FG	30	Delete Add

The Acceptor clicks the Add link to add additional FMS information.

- Save Draft Document
- Help

Acceptor - Performance Based Payment

- Header
- Line Item
- ACRN WS
- FMS
- Addresses
- Misc. Info
- Preview Document

Contract Number	Delivery Order	Request Number	Invoice Number	Invoice Date
HQ0337PBPWBTA	WBTA	PBPB789	INV1209	2010/11/20

Approved Amount (\$)	Worksheet Total (\$)	Difference (\$)
1,030.00	1,030.00	0.00

Country Code	Associated Dollars (\$)	Actions
FG	30.00	Delete
GT	1,000.00	Delete
		Add

The Acceptor enters the FMS information and clicks the Addresses tab to navigate to the Address page.

- Save Draft Document
- Help

Acceptor - Performance Based Payment

- Header
- Line Item
- ACRN WS
- FMS
- Addresses**
- Misc. Info
- Preview Document

Contract Number	Delivery Order	Request Number	Invoice Number	Invoice Date
HQ0337PBPWBTA	WBTA	PBPB789	INV1209	2010/11/20

Prime Contractor		
CAGE Code	Extension	
493R2		
Activity Name 1		
COMERICA INCORPORATED		
Activity Name 2		
Attn Billing		
Activity Name 3		
Address 1		
1717 MAIN ST		
Address 2		
Address 3		
Address 4		
City	State	Zip
DALLAS	TX	752014612
Country	Military Location Description	
USA		

Administered By		
DoDAAC		
S0512A		
Activity Name 1		
DCMA LOS ANGELES		
Activity Name 2		
Address 1		
16111 PLUMMER STREET		
Address 2		
BLDG 10 2ND FLOOR		
Address 3		
Address 4		
SEPULVEDA CA 91343		
City	State	Zip
Country	Military Location Description	

The Address page is displayed. The Acceptor can review the contents of the Addresses page.

Inspect By		
DoDAAC	Extension	

Contracting Officer		
DoDAAC	Extension	

Acceptor - Performance Based Payment

- Header
- Line Item
- ACRN WS
- FMS
- Addresses
- Misc. Info
- Preview Document

Contract Number	Delivery Order	Request Number	Invoice Number	Invoice Date
HQ0337PBPWBTA	WBTA	PBPB789	INV1209	2010/11/20

Prime Contractor		
CAGE Code	Extension	
493R2		
Activity Name 1		
COMERICA INCORPORATED		
Activity Name 2		
Attn Billing		
Activity Name 3		
Address 1		
1717 MAIN ST		
Address 2		
Address 3		
Address 4		
City	State	Zip
DALLAS	TX	752014612
Country	Military Location Description	
USA		

Administered By		
DoDAAC	Extension	
S0512A		
Activity Name 1		
LA LOS ANGELES		
Activity Name 2		
Activity Name 3		
Address 1		
16111 PLUMMER STREET		
Address 2		
BLDG 10 2ND FLOOR		
Address 3		
Address 4		
SEPULVEDA CA 91343		
City	State	Zip
Country	Military Location Description	

The Acceptor can navigate to the Misc Info page by clicking the Misc Info tab.

Inspect By		
DoDAAC	Extension	

Contracting Officer		
DoDAAC	Extension	

Acceptor - Performance Based Payment

- Header
- Line Item
- ACRN WS
- FMS
- Addresses
- Misc. Info
- Preview Document

Contract Number	Delivery Order	Request Number	Invoice Number	Invoice Date
HQ0337PBPWBTA	WBTA	PBPB789	INV1209	2010/11/20

Initiator

Name:	Date of Action / IRD:	Phone #:	DSN
Norma Rice_IMACROS	2010/11/20 1209 EST / 2010/11/20	777-MACROS-111	
Email:	Title:	Action(s):	
	IMACROS_Vendor	[Submitted, Web, Stand Alone]	

The Misc. Info page is displayed. The Acceptor can review the contents of the Misc. Info page.

Attachments:

Attachment_for_WAWF.doc	View Attachment
-------------------------	---------------------------------

The Acceptor can click the View Attachments link to view attachments added by previous users.

Comments:

Comments for the Performance Base Payment

Acceptor

Name:	Date of Action:	Phone #:	DSN
Norma WBT	2010/11/30 1351 EST	555-555-5555	
Email:	Title:	Action(s):	
nrice@caci.com	WBT Training		
Org Email:			
wawf@caci.com			

Attachments:

[Add Attachments](#)

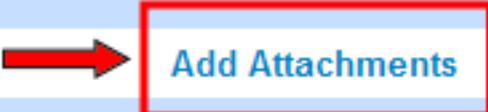
Comments:

Name:	Date of Action / IRD:	Phone #:	DSN
Norma Rice_IMACROS	2010/11/20 1209 EST / 2010/11/20	777-MACROS-111	
Email:		Title:	Action(s):
nrice@caci.com		IMACROS_Vendor	[Submitted, Web, Stand Alone]
Org Email:			
nrice@caci.com			
Attachments:			
Attachment_for_WAWF.doc	View Attachment		
Comments:			
Comments for the Performance Base Payment			

Acceptor

Name:	Date of Action:	Phone #:	DSN
Norma WBT	2010/11/30 1351 EST	555-555-5555	
Email:		Title:	Action(s):
nrice@caci.com		WBT Training	
Org Email:			
wawf@ca			
Attachments:			
	Add Attachments		
Comments:			

Attachments can be added on the Misc. Info page by clicking the Add Attachment link.



[Save Draft Document](#) [Help](#)

Acceptor - Performance Based Payment

Form - Attachments

WARNING: Wide Area Workflow (WAWF) is designated for Sensitive Unclassified information ONLY. Do NOT enter classified information in this system.

The Acceptor clicks the Browse button to locate the file that is to be attached.

Acceptor - Performance Based Payment

Form - Attachme

WARNING: Wide
Do NOT enter cl

on ONLY.

Choose file

Look in: Attachments

- Attachment_for_WAWF.doc
- Attach.txt

My Recent Documents

Desktop

My Documents

My Computer

My Network Places

File name: Attachment_for_WAWF.doc

Files of type: All Files (*.*)

Open

Cancel

The Acceptor clicks the Open button after the file is selected.

Acceptor - Performance Based Payment

Form - Attachments

WARNING: Wide Area Workflow (WAWF) is designated for Sensitive Unclassified information ONLY. Do NOT enter classified information in this system.

C:\Documents and Settings\nrice Browse...

The Acceptor clicks the Upload button to attach the selected document.

Upload Return Help

Email:	Title:	Action(s):
nrice@caci.com	IMACROS_Vendor	[Submitted, Web, Stand Alone]
Org Email:		
nrice@caci.com		
Attachments:		
Attachment_for_WAWF.doc	View Attachment	
Comments:		
Comments for the Performance Base Payment		

Acceptor

Name:	Date of Action:	Phone #:	DSN
Norma WBT	2010/11/30 1351 EST	555-555-5555	
Email:	Title:	Action(s):	
nrice@caci.com	WBT Training		
Org Email:			
wawf@caci.com			
Attachments:			
Attachment_for_WAWF.doc	View Attachment	Delete Attachment	
	Add Attachments		
Comments:			
	<div style="border: 1px solid black; background-color: #ffffcc; padding: 5px; width: fit-content; margin: 5px auto;"> <p>The attachment is now saved on the document.</p> </div>		



[Save Draft Document](#)

[Help](#)

Email:	Title:	Action(s):
nrice@caci.com	IMACROS_Vendor	[Submitted, Web, Stand Alone]
Org Email:		
nrice@caci.com		
Attachments:		
Attachment_for_WAWF.doc	View Attachment	
Comments:		
Comments for the Performance Base Payment		

Acceptor

Name:	Date of Action:	Phone #:	DSN
Norma WBT	2010/11/30 1351 EST	555-555-5555	
Email:	Title:	Action(s):	
nrice@caci.com	WBT Training		
Org Email:			
wawf@caci.com			
Attachments:			
Attachment_for_WAWF.doc	View Attachment	Delete Attachment	
	Add Attachments		
Comments:			
<div style="border: 1px solid gray; height: 150px; width: 100%;"></div>			



To add another attachment, the Acceptor can click the Add Attachments link and repeat the process.

[Save Draft Document](#) [Help](#)

Email: nrice@caci.com	Title: IMACROS_Vendor	Action(s): [Submitted, Web, Stand Alone]
Org Email: nrice@caci.com		
Attachments: Attachment_for_WAWF.doc View Attachment		
Comments: Comments for the Performance Base Payment		

Acceptor

Name: Norma WBT	Date of Action: 2010/11/30 1351 EST	<div style="border: 1px solid black; background-color: #ffffcc; padding: 5px; text-align: center;"> <p>The attachment can be viewed or deleted by clicking the View Attachment or Delete Attachment links.</p> </div>
Email: nrice@caci.com	WBT Training	
Org Email: wawf@caci.com		
Attachments: Attachment_for_WAWF.doc	 View Attachment	 Delete Attachment
Add Attachments		
Comments: <div style="border: 1px solid gray; height: 150px; width: 100%;"></div>		

[Save Draft Document](#) [Help](#)

Email:

nrice@caci.com

Title:

IMACROS_Vendor

Action(s):

[Submitted, Web, Stand Alone]

Org Email:

nrice@caci.com

Attachments:

Attachment_for_WAWF.doc

[View Attachment](#)**Comments:**

Comments for the Performance Base Payment

Acceptor**Name:**

Norma WBT

Date of Action:

2010/11/30 1355 EST

Phone #:

555-555-5555

DSN**Email:**

nrice@caci.com

Title:

WBT Training

Action(s):**Org Email:**

wawf@caci.com

Attachments:**Comments:**

Comments for this Performance Based Payment

The Comments Section allows Acceptor to enter comments for the Performance Based Payment document.

Note: Comments are mandatory when Rejecting or Approving for Lesser Amount.

[Save Draft Document](#)[Help](#)

Acceptor - Performance Based Payment

- Header
- Line Item
- ACRN WS
- FMS
- Addresses
- Misc. Info
- Preview Document**

Contract Number	Delivery Order	Request Number	Invoice Number	Invoice Date
HQ0337PBPWBTA	WBTA	PBPB789	INV1209	2010/11/20

Initiator

Name: Norma Rice_IMACROS	Date of Action / IRD: 2010/11/20 1209 EST / 2010/11/20	Phone #: 777-MACROS-111
Email: nrice@caci.com	Title: IMACROS_Vendor	Action(s): [Submitted, Web, Stand Alone]
Org Email: nrice@caci.com		
Attachments: Attachment_for_WAWF.doc View Attachment		
Comments: Comments for the Performance Base Payment		

The Acceptor clicks the Preview Document tab to View the entire document.

Acceptor

Name: Norma WBT	Date of Action: 2010/11/30 1351 EST	Phone #: 555-555-5555	DSN
Email: nrice@caci.com	Title: WBT Training	Action(s):	
Org Email: wawf@caci.com			
Attachments: Attachment_for_WAWF.doc View Attachment Delete Attachment Add Attachments			
Comments:			

Acceptor - Performance Based Payment

- Header
- Line Item
- ACRN WS
- FMS
- Addresses
- Misc. Info
- Preview Document**

The Preview Document page is now displayed. The Preview Document page provides a full representation of the document. The Acceptor can scroll the contents of tab to review the document.

Expand All Collapse All

[-] Document Information

Contract Number	Delivery Order	Issue Date	
HQ0337PBPWBTA	WBTA	2010/02/20	
Request Number	Invoice Number	Invoice Date	Invoice Received Date
PBPB789	INV1209	2010/11/20	2010/11/20
Date of last communication	Date of encumbrance notification	Date of most recent financial information	
		2010/11/20	
Summary of Detail Level Information	Total		
1 CLIN(s)	\$ 1,030.00		

[-] Line Item Information

Total CLIN Amount: \$ 1,030.00

Total Approved Amount: \$ 0.00

CLIN	AAI	CLIN Amount (\$)					Approved (\$)
0001	854505						1,030.00
Event	Code	ACRN	Quantity	Unit	Price (\$)	Ext Price (\$)	Approved (\$)
E13123	C		40	HR	25.75	1,030.00	
Description							
Line Description for this Performance Based Payment							
ACRN		Amount (\$)					
QA		30.00					
QZ		1,000.00					

Acceptor - Performance Based Payment

- Header
- Line Item
- ACRN WS
- FMS
- Addresses
- Misc. Info
- Preview Document**

Expand All Collapse All

The Preview Document page is now displayed. The Preview Document page provides a full representation of the document. The Acceptor can scroll the contents of tab to review the document.

[-] Document Information

Contract Number	Delivery Order	Issue Date
HQ0337PBPWBTA	WBTA	2010/02/20
Request Number	Invoice Number	Invoice Date
PBPB789	INV1209	2010/11/20
Date of last communication	Date of encumbrance notification	Date of most r
		2010/11/20
Summary of Detail Level Information	Total	
1 CLIN(s)	\$ 1,030.00	

If the Acceptor notices an inaccuracy after reviewing the document information, the Acceptor can return to the appropriate tab to correct the information.

[-] Line Item Information

Total CLIN Amount: \$ 1,030.00

Total Approved Amount: \$ 0.00

CLIN	AAI	CLIN Amount (\$)				Approved (\$)	
0001	854505					1,030.00	
Event	Code	ACRN	Quantity	Unit	Price (\$)	Ext Price (\$)	Approved (\$)
E13123	C		40	HR	25.75	1,030.00	
Description							
Line Description for this Performance Based Payment							
ACRN	Amount (\$)						
QA	30.00						
QZ	1,000.00						

Acceptor - Performance Based Payment

- Header
- Line Item
- ACRN WS
- FMS
- Addresses
- Misc. Info
- Preview Document

Expand All Collapse All

[-] Document Information

The Acceptor can expand all document sections by clicking the Expand All link. The Acceptor can collapse the contents of the tab by clicking the Collapse All link.

Contract Number	Delivery Order	Issue Date	
HQ0337PBPWBTA	WBTA	2010/02/20	
Request Number	Invoice Number	Invoice Date	Invoice Received Date
PBPB789	INV1209	2010/11/20	2010/11/20
Date of last communication	Date of encumbrance notification	Date of most recent financial information	
		2010/11/20	
Summary of Detail Level Information	Total		
1 CLIN(s)	\$ 1,030.00		

[-] Line Item Information

Total CLIN Amount: \$ 1,030.00 Total Approved Amount: \$ 0.00

CLIN	AAI	CLIN Amount (\$)		Approved (\$)			
0001	854505	1,030.00					
Event	Code	ACRN	Quantity	Unit	Price (\$)	Ext Price (\$)	Approved (\$)
E13123	C		40	HR	25.75	1,030.00	
Description							
Line Description for this Performance Based Payment							
ACRN		Amount (\$)					
QA		30.00					
QZ		1,000.00					

Acceptor - Performance Based Payment

- Header
- Line Item
- ACRN WS
- FMS
- Addresses
- Misc. Info
- Preview Document

Expand All Collapse All

The Acceptor can expand and collapse individual headers by clicking on the section headers.

- [+] Document Information
- [+] Line Item Information
- [+] ACRN Worksheet
- [+] Fms Information
- [+] Address Information
- [+] Misc Information
- [+] Workflow Information

- Save Draft Document
- Help

Acceptor - Performance Based Payment

- Header
- Line Item
- ACRN WS
- FMS
- Addresses
- Misc. Info
- Preview Document

Expand All Collapse All

[-] Document Information

The Acceptor can navigate back to the Header page by clicking the Header tab.

Contract Number			
HQ0337PBPWBTA	WBTA	2010/02/20	
Request Number	Invoice Number	Invoice Date	Invoice Received Date
PBPB789	INV1209	2010/11/20	2010/11/20
Date of last communication	Date of encumbrance notification	Date of most recent financial information	
		2010/11/20	
Summary of Detail Level Information		Total	
1 CLIN(s)		\$ 1,030.00	

- [+] Line Item Information
- [+] ACRN Worksheet
- [+] Fms Information
- [+] Address Information
- [+] Misc Information
- [+] Workflow Information

Save Draft Document Help

Routing Information

Role	Location Code	Extension	Name
Payee	493R2		COMERICA INCORPORATED
Pay Official	HQ0337		DFAS - COLUMBUS CENTER
Admin	S0512A		DCMA LOS ANGELES
Inspect By	FA3030		FA3030 17 CONS CC
Contracting Officer	FU4417		FU4417 1 SOCS SOCS ATTN BECO

Contractor Certification

I certify to the best of my knowledge and belief that --

- (1) This request for performance-based payment is true with the contract and the instructions of the Contracting Officer; and
- (2) (Except as reported in writing on ()), all payments to subcontractors and suppliers under this contract have been paid, or will be paid, currently, when due in the ordinary course of business
- (3) There are no encumbrances (except as reported in writing on ()) against the property acquired or produced for, and allocated or properly chargeable to, the contract which would affect or impair the Government's title;
- (4) There has been no materially adverse change in the financial condition of the Contractor since the submission by the Contractor to the Government of the most recent written information dated (2010/11/20); and
- (5) After the making of this requested performance-based payment, the amount of all payments for each deliverable item for which performance-based payments have been requested will not exceed any limitation in the contract, and the amount of all payments under the contract will not exceed any limitation in the contract.

The Header page is displayed.

Signature Date
2010/11/20

Norma Rice_IMACROS

Signature of Contractor Representative

* = Required Fields

ACTION BY: FU4417 *

Approve

Approved Amount (\$)

Signature Date

I certify that the services have been received and were accepted.

Approve Lesser Amount

1,030.00

YYYY/MM/DD



Signature

Reject to Initiator

Signature Of Authorized Government Representative

Submit

Save Draft Document

Previous

Help

Routing Information

Role	Location Code	Extension	Name
Payee	493R2		COMERICA INCORPORATED
Pay Official	HQ0337		DFAS - COLUMBUS CENTER
Admin	S0512A		DCMA LOS ANGELES
Inspect By	FA3030		FA3030 17 CONS CC
Contracting Officer	FU4417		FU4417 1 SOCS SOCS ATTN BECO

Contractor Certification

I certify to the best of my knowledge and belief that --

- (1) This request for performance-based payment is true and correct; this request (and attachments) has been prepared from the books and records of the Contractor, in accordance with the contract and the instructions of the Contracting Officer;
- (2) (Except as reported in writing on ()), all payments to subcontractors and suppliers under this contract have been paid, or will be paid, currently, when due in the ordinary course of business
- (3) There are no encumbrances (except as reported in writing on ()) against the property acquired or produced for, and allocated or properly chargeable to, the contract which would affect or impair the Government's title;
- (4) There has been no materially adverse change in the financial condition of the Contractor since the submission by the Contractor to the Government of the most recent written information dated (2010/11/20); and
- (5) After the making of this requested performance-based payment, the amount of all payments for each deliverable item for which performance-based payments have been requested will not exceed any limitation in the contract, and the amount of all payments under the contract will not exceed any limitation in the contract.

The Acceptor selects Approve and enters the Approved Amount and Signature Date.

Norma Rice_IMACROS

Signature of Contractor Representative

* = Required Fields

ACTION BY: FU4417 *

Approve

Approve Lesser Amount

Reject to Initiator

Approved Amount (\$)

1,030.00

Signature Date

2010/11/30

I certify that the services have been received and were accepted.

Signature

Signature Of Authorized Government Representative

Submit

Save Draft Document

Previous

Help

Routing Information

Role	Location Code	Extension	Name
Payee	493R2		COMERICA INCORPORATED
Pay Official	HQ0337		DFAS - COLUMBUS CENTER
Admin	S0512A		DCMA LOS ANGELES
Inspect By	FA3030		FA3030 17 CONS CC
Contracting Officer	FU4417		FU4417 1 SOCS SOCS ATTN BECO

Contractor Certification

I certify to the best of my knowledge and belief that --

- (1) This request for performance-based payment is true and correct; this request (and attachments) has been prepared from the books and records of the Contractor, in accordance with the contract and the instructions of the Contracting Officer;
- (2) (Except as reported in writing on ()), all payments to subcontractors and suppliers under this contract have been paid, or will be paid, currently, when due in the ordinary course of business
- (3) There are no encumbrances (except as reported in writing on ()) against the property acquired or produced for, and allocated or properly chargeable to, the contract which would affect or impair the Government's title;
- (4) There has been no materially adverse change in the financial condition of the Contractor since the submission by the Contractor to the Government of the most recent written information dated (2010/11/20); and
- (5) After the making of this requested performance-based payment, the amount of all payments for each deliverable item for which performance-based payments have been requested will not exceed any limitation in the

If a Local Processing Office (LPO) is not assigned within the workflow of this document, all funds indicated on the ACRN or FMS worksheet must balance to this approved amount.

Norma Rice_IMACROS

Signature of Contractor Representative

* = Required Fields

ACTION BY: FU4417 *

- Approve
- Approve Lesser Amount
- Reject to Initiator

Approved Amount (\$)

1,030.00

Signature Date

2010/11/30

I certify that the services have been received and were accepted.

Signature

Signature Of Authorized Government Representative

Submit

Save Draft Document

Previous

Help

Routing Information

Role	Location Code	Extension	Name
Payee	493R2		COMERICA INCORPORATED
Pay Official	HQ0337		DFAS - COLUMBUS CENTER
Admin	S0512A		DCMA LOS ANGELES
Inspect By	FA3030		FA3030 17 CONS CC
Contracting Officer	FU4417		FU4417 1 SOCS SOCS ATTN BECO

Contractor Certification

I certify to the best of my knowledge and belief that --

- (1) This request for performance-based payment is true and correct; this request (and attachments) has been prepared from the books and records of the Contractor, in accordance with the contract and the instructions of the Contracting Officer;
- (2) (Except as reported in writing on ()), all payments to subcontractors and suppliers under this contract have been paid, or will be paid, currently, when due in the ordinary course of business
- (3) There are no encumbrances (except as reported in writing on ()) against the property acquired or produced for, and allocated or properly chargeable to, the contract which would affect or impair the Government's title;
- (4) There has been no materially adverse change in the financial condition of the Contractor since the submission by the Contractor to the Government of the most recent written information dated (2010/11/20); and
- (5) After the making of this requested performance-based payment, the amount of all payments for each deliverable item for which performance-based payments have been requested will not exceed any limitation in the contract, and the amount of all payments under the contract will not exceed any limitation in the contract.

Signature Date

Norma Rice_IMACROS

ative

The Acceptor clicks the Signature button to continue accepting the Performance Based Payment document.

* = Required Fields

ACTION BY: FU4417 *

 Approve Approve Lesser Amount Reject to Initiator

Approved Amount (\$)

1,030.00

Signature Date

2010/11/30



I certify that the services have been received and were accepted.

Signature

Signature Of Authorized Government Representative

Submit

Save Draft Document

Previous

Help

WAWF Password Confirmation

User ID	WBT_Acceptor
Password *	<input type="password"/>

The Password Confirmation page is displayed.

WAWF Password Confirmation

User ID	WBT_Acceptor
Password *	●●●●●●●●

The Acceptor clicks the Next button after entering the correct Password.

[Next](#) [Previous](#) [Help](#)

Acceptor - Performance Based Payment

Expand All Collapse All

[-] Document Information

Contract Number	Delivery Order	Issue Date	
HQ0337PBPWBTA	WBTA	2010/02/20	
Request Number	Invoice Number	Invoice Date	Invoice Received Date
PBPB789	INV1209	2010/11/20	2010/11/20
Date of last communication	Date of encumbrance notification	Date of most recent financial information	
		2010/11/20	

Summary of Detail Level Information	Total
1 CLIN(s)	\$ 1,030.00

[-] Line Item Information

CLIN	AA	Approved Amount: \$ 0.00					
0001	854505	1,030.00					
Event	Code	ACRN	Quantity	Unit	Price (\$)	Ext Price (\$)	Approved (\$)
E13123	C		40	HR	25.75		
Description							
Line Description for this Performance Based Payment							
ACRN		Amount (\$)					
QA		30.00					
QZ		1,000.00					

Windows Internet Explorer

The document is now signed. The document still must be submitted. Please click OK to submit now automatically or click Cancel to submit after reviewing the document.

The Acceptor can click the Cancel button to review the document prior to submitting.

Acceptor - Performance Based Payment

Expand All Collapse All

[-] Document Information

Contract Number	Delivery Order	Issue Date	
HQ0337PBPWBTA	WBTA	2010/02/20	
Request Number	Invoice Number	Invoice Date	Invoice Received Date
PBPB789	INV1209	2010/11/20	2010/11/20
Date of last communication	Date of encumbrance notification	Date of most recent financial information	
		2010/11/20	

Summary of Detail Level Information	Total
1 CLIN(s)	\$ 1,030.00

Windows Internet Explorer

The document is now signed. The document still must be submitted. Please click OK to submit now automatically or click Cancel to submit after reviewing the document.

[-] Line Item Information

CLIN	AA	Total	Approved Amount: \$ 0.00
0001	854505	1,030.00	Approved (\$)
Event	Code	ACRN	Quantity
E13123	C		40
			HR
Description			
Line Description for this Performance Based Payment			
ACRN	Amount (\$)		
QA	30.00		
QZ	1,000.00		

The Acceptor clicks the OK Button to continue submitting the document.

[User](#) [Government](#) [Documentation](#) [Lookup](#) [Logout](#)**Success**

The Performance Based Payment was successfully accepted.
It has been processed via EDI.

Contract Number	Delivery Order	Request Number	Invoice Number
HQ0337PBPWBTA	WBTA	PBPB789	INV1209

After the Performance Based Payment document has been submitted, the WAWF system informs the Acceptor that the document was successfully accepted.

E-mails, FTP and EDI notifications were sent as applicable.

Email sent to Vendor: nrice@caci.com

Email sent to Pay Official: wawf@caci.com

Notification sent for CAGE code 493R2 to EDI Routing Codes- ISA07: 42, ISA08: SENDALL-NOTICES, GS03: NORMA493R2

Notification sent for CAGE code 493R2 to FTP Directory: /caci_db/efp/WAWF_RA_sec/TestVersion500/FTPEDIDirectory/ftp_working/nrice/493R2

[Send Additional Email Notifications](#)



Tue Nov 30 15:53:26 EST 2010

The Acceptor can add more email addresses by clicking the Send Additional Email Notifications link.

[Return](#)

Logon Date : 2010/11/30 10:13:07 EST Last Accessed Date : 2010/11/30 15:53:12 EST

[Security & Privacy](#) [Accessibility](#) [Vendor Customer Support](#) [Government Customer Support](#) [FAQ](#) [Site Index](#)

[User](#) [Government](#) [Documentation](#) [Lookup](#) [Logout](#)**Success**

The Performance Based Payment was successfully accepted.
It has been processed via EDI.

Contract Number	Delivery Order	Request Number	Invoice Number
HQ0337PBPWBTA	WBTA	PBPB789	INV1209

Email sent to Vendor: nrice@caci.com

Email sent to Pay Official: wawf@caci.com

Notification sent for CAGE code 493R2 to EDI Routing Codes- ISA07: 42, ISA08: SENDALL-NOTICES, GS03: NORMA493R2

Notification sent for CAGE code 493R2 to FTP Directory: /caci_db/efp/WAWF_RA_sec/TestVersion500/FTPEDIDirectory/ftp_working/nrice/493R2

[Send Additional Email Notifications](#)

Tue Nov 30 15:53:26 EST 2010

This concludes the demonstration of an Acceptor Accepting a Performance Based Payment document.

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