

Department of General Services
 Procurement Division
 Purchasing Authority Management Section

DATA CENTER INTERAGENCY AGREEMENT QUARTERLY REPORT

FISCAL YEAR _____

Purchasing Authority # _____ Department: _____

Purchasing Authority
 Contact Name: _____ Phone # (____) _____

REPORTING PERIOD - Check appropriate box

Q1: Jul. 1 through Sep. 30

Q2: Oct. 1 through Dec. 31

Q3: Jan. 1 through Mar. 31

Q4: Apr. 1 through Jun. 30

No DIA activity for the reporting period.

Item #	Agency Billing Code	Inter-Agency Agreement #	Contract Action Dates			Department Name	Contract Amount	Type of Services
			Signed	Start Date	End Date			
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
Grand Total							\$	