INVOICING, RECEIPT, ACCEPTANCE, AND PROPERTY TRANSFER (FORMERLY WIDE AREA WORKFLOW)
ELECTRONIC RECEIVING REPORT AND INVOICING INSTRUCTIONS

Questions concerning payment should be directed to the Defense Finance Accounting Services (DFAS) Columbus Customer Service at (800) 756-4571 or commercial (216) 522-6998. Please have your contract/order number and invoice number ready when calling about payment status.

- DFAS Customer Service Points Of Contact: The following website contains a current list of customer service phone numbers for all DFAS locations: http://www.dfas.mil

NOTE: IN ACCORDANCE WITH DFARS 232.7002, USE OF ELECTRONIC PAYMENT REQUESTS IS MANDATORY. USE OF WAWF WILL ALLOW YOU TO MONITOR YOUR PAYMENT STATUS ONLINE. THERE ARE NO CHARGES OR FEES TO USE INVOICEING, RECEIPT, ACCEPTANCE, AND PROPERTY TRANSFER (iRAPT) (FORMERLY WIDE AREA WORKFLOW (WAWF)).

THE FOLLOWING INFORMATION WILL BE REQUIRED TO ROUTE YOUR RECEIVING REPORTS, INVOICES AND ADDITIONAL E-MAILS CORRECTLY THROUGH iRAPT.

General: Enter the following information to create an Invoice:

a. Contract Number:

b. Delivery Order: Delivery Order number found in block 2 of DD Form 1155

c. CAGE Code/Ext.:

d. Pay DoDAAC: F87700

e. Type of Document Invoice and Receiving report

f. Inspection/Acceptance: Destination

g. Issue Date: Award Date found in block 3 of DD Form 1155

h. Issue By DODAAC: HTC711

i. Admin DODAAC: HTC711

j. Ship To Code HTC711 / Ext: Pick one of the codes below

(1) Missions and Passenger Taxes: TCAQCX
All Other Reimbursables: TCAQCM

NOTE: You must enter Net 15 Days payment terms on the Discounts tab (See training guide).
FERRY DECLARATION

IN ACCORDANCE WITH SECTION G, PARA 5.c. OF THE CONTRACT, THE FOLLOWING DECLARATION IS MADE IN GOOD FAITH AND TO THE BEST OF MY KNOWLEDGE. I VERIFY THE FOLLOWING FERRY MILES WERE ACTUALLY FLOWN IN CONJUNCTION WITH THE REFERENCED AMC MISSION.

CONTRACT NO: _____________________

DELIVERY ORDER NO: _____________________

MISSION NO. AND DATE: _____________________

ACFT TYPE AND TAIL NO: _____________________

AWARDED FERRY:

(ROUTING) (MILES)

AWARDED PAID FERRY RETURN:

(ROUTING) (MILES)

ACTUAL FLOWN FERRY:

(ROUTING) (MILES)

ACTUAL FLOWN PAID FERRY RETURN:

(ROUTING) (MILES)

___________________________________________________________________

(TYPE NAME) (DATE)

(TITLE) (COMPANY NAME)