ADP SHARING SERVICES PROVIDED TO OTHER AGENCIES
OR
ADP SERVICES OBTAINED FROM COMMERCIAL SOURCES

INTERAGENCY REPORT CONTROL NUMBER
1106-GSA-AN

INSTRUCTIONS *(Mark the appropriate box and complete as indicated)*

☐ ADP SHARING SERVICES PROVIDED TO OTHER AGENCIES. Complete Sections I, II and IV only and submit to GSA, KHE, Washington, DC 20405 by November 30th of each year. *(See FIRMR (41 CFR) 201-31.006.)*

☐ ADP SERVICES OBTAINED FROM COMMERCIAL SOURCES. Complete Sections I, III and IV only and submit on a call basis when specified by GSA, KM, *(See FIRMR (41 CFR) 201-31.006.)*

SECTION I - AGENCY IDENTIFYING INFORMATION

1. COMPLETE MAILING ADDRESS OF REPORTING AGENCY *(Include ZIP Code)*	2. REPORTING PERIOD	3. DATE SUBMITTED
	4. CONTACT FOR TECHNICAL INFORMATION CONCERNING THIS REPORT *(Name, title and telephone number)*	

SECTION II - ADP SHARING SERVICES PROVIDED TO OTHER AGENCIES

5. LIST EACH TYPE OF EQUIPMENT USED TO PROVIDE SERVICES *(If more space is needed, use reverse side.)*	6a. INDICATE TOTAL CHARGES FOR ALL SERVICES PROVIDED
	6b. ESTIMATE TOTAL EQUIVALENT COMMERCIAL CHARGES

SECTION III - ADP SERVICES OBTAINED FROM COMMERCIAL SOURCES

7. COMPLETE MAILING ADDRESS OF COMMERCIAL SOURCE *(Include ZIP Code)*	8. CONTRACTING METHOD *(Check appropriate boxes)*
	☐ TELEPROCESSING SERVICES PROGRAM *(TSP)* ☐ TSP MULTIPLE AWARD SCHEDULE CONTRACT ☐ TSP BASIC: AGREEMENT ☐ OTHER *(Identify and refer to item 10 below.)*

9. LIST MANUFACTURER, MAKE AND MODEL FOR EACH CENTRAL PROCESSOR SYSTEM USED AND, FOR EACH, INDICATE ALL CHARGES ASSOCIATED WITH THE PROCUREMENT INCLUDING COMMUNICATIONS AND TECHNICAL SUPPORT *(If more space is needed, use reverse side.)*

MANUFACTURER, MAKE, AND MODEL (9a)	TOTAL DOLLAR AMOUNT CHARGED (9b)

10. IF TSP CONTRACTING METHOD IS NOT USED, STATE REASON(S) THEREOF *(e.g., Special data base only available from a non-TSP contractor.)*

SECTION IV - REPORTING OFFICIAL

11. NAME AND TITLE OF REPORTING OFFICIAL	12. SIGNATURE OF REPORTING OFFICIAL AND DATE SIGNED

GENERAL SERVICES ADMINISTRATION   ☐ CHECK HERE IF BACK WAS USED   **GSA** FORM **2068-A** (7-85)