



ACQUISITION AND  
PROCUREMENT OFFICE

DEPARTMENT OF DEFENSE  
WASHINGTON HEADQUARTERS SERVICES  
1155 DEFENSE PENTAGON  
WASHINGTON, DC 20301-1155



20 Oct 2006

ORGANIZATIONAL OPERATING INSTRUCTION NO. 5000-05

SUBJECT: Contract Invoicing

REFERENCES: (a) Defense Federal Acquisition Regulation Supplement (DFARS) 232.70

1. PURPOSE

This Organizational Operating Instruction implements the electronic invoicing procedures for WHS contracts as in accordance with DFARS 232.70.

2. APPLICABILITY

This Organizational Operating Instruction applies to all acquisitions conducted by WHS, Acquisition & Procurement Office (A&PO).

3. DEFINITIONS

Acceptor - an authorized representative of the Government by which the Government, for itself or as agent of another, assumes ownership of existing identified supplies tendered or approves specific services rendered as partial or complete performance of the contract.

Department of Defense Activity Address Code (DoDAAC) - A distinct six-position alphanumeric code assigned to identify specific units, activities, or organizations (DoD 4000.25-6-M).

Group Administrator (GAM) – designated person(s) responsible for maintaining agency structure within WAWF and approving users' requests for roles and capabilities.

Inspector - personnel who examines and/or tests supplies or services (including, when appropriate, raw materials, components, and intermediate assemblies) to determine whether they conform to contract requirements

Invoice - a contractor's bill or written request for payment under the contract for supplies delivered or services performed

Wide Area Work Flow (WAWF) - A secured web-based transaction system for electronic invoicing, receipt and acceptance.

#### 4. POLICY

4.1 WHS will process all contract payments using WAWF, the DOD-mandatory electronic invoicing solution.

4.2 Contracting officers shall assign inspection and acceptance responsibilities to maximize efficiency, transparency, and accountability in contract payments process. “View only” access to WAWF may be granted to others as appropriate.

4.3 Only civil service personnel may accept goods and services on behalf of the Government. Support contractors may perform the inspection, but not the acceptance function.

#### 5. RESPONSIBILITIES

5.1 The contracting officer shall assign inspection and acceptance roles for each contract action.

5.2 Inspectors and acceptors shall promptly register in WAWF, and promptly review and act on all contractor invoices and/or Receiving Reports.

5.3 The GAM shall authorize/activate user roles in WAWF and maintain the WHS organizational hierarchy in WAWF.

#### 6. PROCEDURES

6.1 Establishing invoice instructions in the contract. Contracting Officers shall:

a. include DFARS clause 252.232-7003 and A&PO local clause A&PO INV, WAWF Invoicing Instructions, in every solicitation and contract. For orders, separate invoicing instructions may be used if inspector/acceptor, i.e., customer, is different for each order.

b. establish inspection and acceptance responsibility as follows:

Actions for supplies, or for a single customer, or with simple deliverables. The program manager/contracting officer’s representative (COR)/other customer representative will perform both inspection and acceptance functions on behalf of the Government.

Actions for complex services or for construction or for multiple customers. The program manager/contracting officer’s representative (COR)/other customer representative will perform the inspection function only. The A&PO contracting officer will perform the acceptance function on behalf of the Government.

## 6.2 Activating WAWF.

- a. Users shall request specific roles in WAWF by:

Completing the on-line WAWF training course at <http://www.wawftraining.com> or attend WHS sponsored WAWF classroom training.

Registering at <https://wawf.eb.mil/>. Enclosure (1) provides applicable organization (DODAAC) codes.

Submitting a completed System Authorization Access Request form (DD Form 2875), Enclosure (2) to their GAM.

- b. The GAM, upon review of registration requests and DD2875s, will activate user roles in WAWF.

## 6.3 Invoice processing and follow-up. For each invoice:

- a. Inspectors shall promptly review all invoices to verify that the supplies or services invoiced for comply with the contract's requirements.

- b. Acceptors shall promptly accept or reject the supplies or services. The acceptor shall also verify the contractor is invoicing against the correct line item (CLIN) and Accounting Classification Record Number (ACRN) and that CLIN information such as Unit of measure and Unit price is correct per the contract action.

- c. Acceptors shall promptly research and resolve any contractor payment issues or questions and advise the Contracting Officer, if necessary.

## 7. INFORMATION REQUIREMENTS

None.

## 8. EFFECTIVE DATE

This Organizational Operating Instruction is effective immediately.



Frances L. Sullivan  
Director

Enclosures – 2

- E.1. WHS Organizational codes (DODAACs)
- E.2 System Authorization Access Request (DD2875)

**WHS Organizational  
DODACCs**

Customer	Long Name	Customer Division	Customer Branch	Organizational Email	DODAAC	DODAAC Extension
CPSD	Civilian Personnel Management Service			CPSD@whs.mil	H91331	
DA&M	Defense Administration & Management Dir.	Deputy Director Office		DAM@whs.mil	HQ0150	
DFD	Washington Headquarters Svcs Defense Facilities Directorate	Defense Facilities Directorate		DFD@whs.mil	HQ0198	
DFD/BPO	Defense Facilities Directorate	BRAC Program Office		DFD.BPO@whs.mil	HQ0135	
DFD/ETSD	Defense Facilities Directorate	Engineering & Technical Services Division		DFD.ETSD@whs.mil	HQ0197	
DFD/FFD	Defense Facilities Directorate	Federal Facilities Division		DFD.FFD@whs.mil	HQ0016	
DFD/FFD/AWG	Defense Facilities Directorate	Federal Facilities Division	Alteration Work Group	DFD.FFD.AWG@whs.mil	HQ0017	
DFD/FFD/FOB2	Defense Facilities Directorate	Federal Facilities Division	Federal Office Building 2	DFD.FFD.FOB2@whs.mil	HQ0072	
DFD/FFD/PBMO	Defense Facilities Directorate	Federal Facilities Division	Pentagon Building Management Office	DFD.FFD.PBMO@whs.mil	HQ0015	
DFD/FFD/PHRB	Defense Facilities Directorate	Federal Facilities Division	Pentagon Heating & Refrigeration Plant	DFD.FFD.PHRB@whs.mil	HQ0073	
DFD/LFD	Defense Facilities Directorate	Leased Facilities Division		DFD.LFD@whs.mil	HQ0096	
DFD/MSD	Defense Facilities Directorate	Management Support Division		DFD.MSD@whs.mil	HQ0114	
DFD/SPAD	Defense Facilities Directorate	Space Policy & Acquisition Division		DFD.SPAD@whs.mil	HQ0195	
DFD/SSD	Defense Facilities Directorate	Support Services Division		DFD.SSD@whs.mil	HQ0194	
DoD GC	Department of Defense General Counsel			DOD.GC@whs.mil	HQ0149	
DOT&E	Director of Operational Test & Evaluation			DOT.E@whs.mil	HQ0134	
OADS I/NI	Office of the Assistant Secretary of Defense Information/Networks & Information Integration			OADS.I.NI@whs.mil	HQ0158	
OASD HA	Office of the Assistant Secretary of Defense Health Affairs			OASD.HA@whs.mil	HQ0044	
OASD LA	Office of the Assistant Secretary of Defense Legislative Affairs			OASD.LA@whs.mil	HQ0153	
OASD PA	Office of the Assistant Secretary of Defense Public Affairs			OASD.PA@whs.mil	HQ0154	
OASD RA	Office of the Assistant Secretary of Defense Reserve Affairs			OASD.RA@whs.mil	HQ0156	
ODA&M	Office of the Director Administration & Management			ODAM@whs.mil	HQ0150	
OSD CIO	Office of the Secretary of Defense Chief Information Officer			OSD.CIO@whs.mil	HQ0002	
OSD Comptroller	OSD Comptroller			OSDC@whs.mil	H91317	
OSD OEA	OSD Office of Economic Adjustment			OSD.OEA@whs.mil	HQ0005	



**WHS Organizational  
DODACCs**

WHS/A&PO	Washington Headquarters Svcs Acquisition & Procurement Office	WHS Professional Services Team		OSDTM5@whs.mil	HQ0034	OSDTM5
WHS/A&PO	Washington Headquarters Svcs Acquisition & Procurement Office	Information & Technology Services Team		ITPTM1@whs.mil	HQ0034	ITPTM1
WHS/A&PO	Washington Headquarters Svcs Acquisition & Procurement Office	PFPA Protective Services Support Team		ITPTM2@whs.mil	HQ0034	ITPTM2
WHS/A&PO	Washington Headquarters Svcs Acquisition & Procurement Office	Logistics Support & Administrative Services Team		FACTM1@whs.mil	HQ0034	FACTM1
WHS/A&PO	Washington Headquarters Svcs Acquisition & Procurement Office	Facilities Support Services Team		FACTM2@whs.mil	HQ0034	FACTM2
WHS/A&PO	Washington Headquarters Svcs Acquisition & Procurement Office	Leased Facilities, Construction & Renovation Team		FACTM3@whs.mil	HQ0034	FACTM3
WHS/A&PO	Washington Headquarters Svcs Acquisition & Procurement Office	Policy Team		ENTTM1@whs.mil	HQ0034	ENTTM1
WHS/A&PO	Washington Headquarters Svcs Acquisition & Procurement Office	Business Systems Team		ENTTM2@whs.mil	HQ0034	ENTTM2
WHS/A&PO	Washington Headquarters Svcs Acquisition & Procurement Office	Purchase Card Team		ENTTM3@whs.mil	HQ0034	ENTTM3
WHS/APSD	Washington Headquarters Svcs Administration & Program Support	Administration & Program Support		WHS.APSD@whs.mil	HQ0148	
WHS/BS	Washington Headquarters Svcs Business Services	Business Services		WHS.BS@whs.mil	HQ0191	
WHS/Central	Washington Headquarter Svcs Central	Central		WHS.C@whs.mil	HQ0144	
WHS/COOP	Washington Headquarters Svcs Continuity of Operations Plan	Continuity of Operations Plan		WHS.COOP@whs.mil	HQ0159	
WHS/EA	Washington Headquarters Svcs Enterprise Architecture	Enterprise Architecture		WHS.EA@whs.mil	HQ0189	
WHS/ENTSVCS	Washington Headquarter Svcs Enterprise Services	Enterprise Services		WHS.ENT@whs.mil	HQ0190	
WHS/ESD	Washington Headquarter Svcs Executive Services Directorate	Executive Services		WHS.ESD@whs.mil	HQ0165	
WHS/FMD	Washington Headquarter Svcs Financial Management	Financial Management		WHS.FMD@whs.mil	H91283	
WHS/HRD	Washington Headquarter Svcs Human Resources Directorate	Human Resources		WHS.HRD@whs.mil	HQ0064	
WHS/IA	Washington Headquarters Svcs Information Assurance	Information Assurance		WHS.IA@whs.mil	HQ0192	
WHS/ITMD	Washington Headquarters Svcs Information Technology Management Directorate	Director		WHS.ITMD@whs.mil	HQ0187	
WHS/MO	Washington Headquarters Svcs White House Military Office	White House Military Office		WHS.MO@whs.mil	HQ0058	
WHS/P&E	Washington Headquarters Svcs Planning & Evaluation	Planning & Evaluation		WHS.PE@whs.mil	HQ0160	
WHS/WSO	Washington Headquarters Svcs Support Organizations	Support Organizations		WHS.WSO@whs.mil	HQ0188	

## SYSTEM AUTHORIZATION ACCESS REQUEST (SAAR)

### PRIVACY ACT STATEMENT

**AUTHORITY:** Executive Order 10450, 9397; and Public Law 99-474, the Computer Fraud and Abuse Act.  
**PRINCIPAL PURPOSE:** To record names, signatures, and Social Security Numbers for the purpose of validating the trustworthiness of individuals requesting access to Department of Defense (DoD) systems and information. NOTE: Records may be maintained in both electronic and/or paper form.  
**ROUTINE USES:** None.  
**DISCLOSURE:** Disclosure of this information is voluntary; however, failure to provide the requested information may impede, delay or prevent further processing of this request.

TYPE OF REQUEST <input type="checkbox"/> INITIAL <input type="checkbox"/> MODIFICATION <input type="checkbox"/> DEACTIVATE <input type="checkbox"/> USER ID _____		DATE (YYYYMMDD)
SYSTEM NAME (Platform or Applications)		LOCATION (Physical Location of System)

**PART I (To be completed by Requestor)**

1. NAME (Last, First, Middle Initial)		2. SOCIAL SECURITY NUMBER
3. ORGANIZATION	4. OFFICE SYMBOL/DEPARTMENT	5. PHONE (DSN or Commercial)
6. OFFICIAL E-MAIL ADDRESS		7. JOB TITLE AND GRADE/RANK
8. OFFICIAL MAILING ADDRESS	9. CITIZENSHIP <input type="checkbox"/> US <input type="checkbox"/> FN <input type="checkbox"/> OTHER	10. DESIGNATION OF PERSON <input type="checkbox"/> MILITARY <input type="checkbox"/> CIVILIAN <input type="checkbox"/> CONTRACTOR

### USER AGREEMENT

I accept the responsibility for the information and DoD system to which I am granted access and will not exceed my authorized level of system access. I understand that my access may be revoked or terminated for non-compliance with DoD security policies. I accept responsibility to safeguard the information contained in these systems from unauthorized or inadvertent modification, disclosure, destruction, and use. I understand and accept that my use of the system may be monitored as part of managing the system, protecting against unauthorized access and verifying security problems. I agree to notify the appropriate organization that issued my account(s) when access is no longer required.

**IA TRAINING AND AWARENESS CERTIFICATION REQUIREMENTS (Complete as required for user or functional level access.)**  
 I have completed Annual Information Awareness Training.      DATE (YYYYMMDD) \_\_\_\_\_

11. USER SIGNATURE	12. DATE (YYYYMMDD)
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**PART II - ENDORSEMENT OF ACCESS BY INFORMATION OWNER, USER SUPERVISOR OR GOVERNMENT SPONSOR (If individual is a contractor - provide company name, contract number, and date of contract expiration in Block 16.)**

13. JUSTIFICATION FOR ACCESS

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14. TYPE OF ACCESS REQUIRED:  
 AUTHORIZED     PRIVILEGED

15. USER REQUIRES ACCESS TO:     UNCLASSIFIED     CLASSIFIED (Specify category)  
 OTHER \_\_\_\_\_

16. VERIFICATION OF NEED TO KNOW I certify that this user requires access as requested. <input type="checkbox"/>	16a. ACCESS EXPIRATION DATE (Contractors must specify Company Name, Contract Number, Expiration Date. Use Block 27 if needed.)
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17. SUPERVISOR'S NAME (Print Name)	18. SUPERVISOR'S SIGNATURE	19. DATE (YYYYMMDD)
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20. SUPERVISOR'S ORGANIZATION/DEPARTMENT	20a. SUPERVISOR'S E-MAIL ADDRESS	20b. PHONE NUMBER
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21. SIGNATURE OF INFORMATION OWNER/OPR	21a. PHONE NUMBER	21b. DATE (YYYYMMDD)
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22. SIGNATURE OF IAO OR APPOINTEE	23. ORGANIZATION/DEPARTMENT	24. PHONE NUMBER	25. DATE (YYYYMMDD)
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26a. NAME <i>(Last, First, Middle Initial)</i>	26b. SOCIAL SECURITY NUMBER
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27. OPTIONAL INFORMATION <i>(Additional information)</i>
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**PART III - SECURITY MANAGER VALIDATES THE BACKGROUND INVESTIGATION OR CLEARANCE INFORMATION**

28. TYPE OF INVESTIGATION	28a. DATE OF INVESTIGATION <i>(YYYYMMDD)</i>		
28b. CLEARANCE LEVEL	28c. IT LEVEL DESIGNATION <input type="checkbox"/> LEVEL I <input type="checkbox"/> LEVEL II <input type="checkbox"/> LEVEL III		
29. VERIFIED BY <i>(Print name)</i>	30. SECURITY MANAGER TELEPHONE NUMBER	31. SECURITY MANAGER SIGNATURE	32. DATE <i>(YYYYMMDD)</i>

**PART IV - COMPLETION BY AUTHORIZED STAFF PREPARING ACCOUNT INFORMATION**

TITLE:	SYSTEM	ACCOUNT CODE
	DOMAIN	
	SERVER	
	APPLICATION	
	DIRECTORIES	
	FILES	
	DATASETS	
DATE PROCESSED <i>(YYYYMMDD)</i>	PROCESSED BY <i>(Print name and sign)</i>	DATE <i>(YYYYMMDD)</i>
DATE REVALIDATED <i>(YYYYMMDD)</i>	REVALIDATED BY <i>(Print name and sign)</i>	DATE <i>(YYYYMMDD)</i>

## INSTRUCTIONS

The prescribing document is as issued by using DoD Component.

**A. PART I:** The following information is provided by the user when establishing or modifying their USER ID.

- (1) Name. The last name, first name, and middle initial of the user.
- (2) Social Security Number. The social security number of user.
- (3) Organization. The user's current organization (i.e. DISA, SDI, DoD and government agency or commercial firm).
- (4) Office Symbol/Department. The office symbol within the current organization (i.e. SDI).
- (5) Telephone Number/DSN. The Defense Switching Network (DSN) phone number of the user. If DSN is unavailable, indicate commercial number.
- (6) Official E-mail Address. The user's official e-mail address.
- (7) Job Title/Grade/Rank. The civilian job title (Example: Systems Analyst, GS-14, Pay Clerk, GS-5)/military rank (COL, United States Army, CMSgt, USAF) or "CONT" if user is a contractor.
- (8) Official Mailing Address. The user's official mailing address.
- (9) Citizenship (US, Foreign National, or Other).
- (10) Designation of Person (Military, Civilian, Contractor).

IA Training and Awareness Certification Requirements. User must indicate if he/she has completed the Annual Information Awareness Training and the date.

- (11) User's Signature. User must sign the DD Form 2875 with the understanding that they are responsible and accountable for their password and access to the system(s).
- (12) Date. The date that the user signs the form.

**B. PART II:** The information below requires the endorsement from the user's Supervisor or the Government Sponsor.

- (13) Justification for Access. A brief statement is required to justify establishment of an initial USER ID. Provide appropriate information if the USER ID or access to the current USER ID is modified.
- (14) Type of Access Required: Place an "X" in the appropriate box. (Authorized - Individual with normal access. Privileged - Those with privilege to amend or change system configuration, parameters, or settings.)
- (15) User Requires Access To: Place an "X" in the appropriate box. Specify category.
- (16) Verification of Need to Know. To verify that the user requires access as requested.
- (16a) Expiration Date for Access. The user must specify expiration date if less than 1 year.
- (17) Supervisor's Name (Print Name). The supervisor or representative prints his/her name to indicate that the above information has been verified and that access is required.
- (18) Supervisor's Signature. Supervisor's signature is required by the endorser or his/her representative.
- (19) Date. Date supervisor signs the form.
- (20) Supervisor's Organization/Department. Supervisor's organization and department.

(20a) E-mail Address Supervisor's e-mail address

(20b) Phone Number. Supervisor's telephone number.

(21) Signature of Information Owner/OPR. Signature of the functional appointee responsible for approving access to the system being requested.

(21a) Phone Number. Functional appointee telephone number.

(21b) Date. The date the functional appointee signs the DD Form 2875.

(22) Signature of Information Assurance Officer (IAO) or Appointee. Signature of the IAO or Appointee of the office responsible for approving access to the system being requested.

(23) Organization/Department. IAO's organization and department.

(24) Phone Number. IAO's telephone number.

(25) Date. The date IAO signs the DD Form 2875.

(27) Optional Information. This item is intended to add additional information, as required.

**C. PART III:** Certification of Background Investigation or Clearance.

(28) Type of Investigation. The user's last type of background investigation (i.e., NAC, NACI, or SSB).

(28a) Date of Investigation. Date of last investigation.

(28b) Clearance Level. The user's current security clearance level (Secret or Top Secret).

(28c) IT Level Designation. The user's IT designation (Level I, Level II, or Level III).

(29) Verified By. The Security Manager or representative prints his/her name to indicate that the above clearance and investigation information has been verified.

(30) Security Manager Telephone Number. The telephone number of the Security Manager or his/her representative.

(31) Security Manager Signature. The Security Manager or his/her representative indicates that the above clearance and investigation information has been verified.

(32) Date. The date that the form was signed by the Security Manager or his/her representative.

**D. PART IV:** This information is site specific and can be customized by either the DoD, functional activity, or the customer with approval of the DoD. This information will specifically identify the access required by the user.

### E. DISPOSITION OF FORM:

**TRANSMISSION:** Form may be electronically transmitted, faxed, or mailed. Adding a password to this form makes it a minimum of "FOR OFFICIAL USE ONLY" and must be protected as such.

**FILING:** Original SAAR, with original signatures in Parts I, II, and III, must be maintained on file for one year after termination of user's account. File may be maintained by the DoD or by the Customer's IAO. Recommend file be maintained by IAO adding the user to the