**BUYING TEAM TRANSITION/CLOSE-OUT DOCUMENT**

The purpose of this document is to guide the team leader in preparing a transition document, which will relay to the incoming team procedures and arrangements that are already in place.

**OUTGOING BUYING TEAM:** [BUYT GACC] TEAM [BUYL LAST NAME]

**INCIDENT(S) & ACCOUNTING CODES:** [Incident Name], [Incident Number], [P-code] [(XXXX)]

[Incident Name], [Incident Number], [P-code] [(XXXX)]

[Incident Name], [Incident Number], [P-code] [(XXXX)]

[Incident Name], [Incident Number], [P-code] [(XXXX)]

**BUYING TEAM INFORMATION:**

**Team Duration:** [mm/dd/yyyy] to [mm/dd/yyyy]

**Team Location:** [Physical Location], [1st Line Address], [2nd Line Address], [City, State Zip Code]

**Team Roster:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** | | **Initials** | **Position Code** | **Last 4 of cc** | **Phone** | **Email** |
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**HOW ARE ORDERS BEING SENT TO THE BUYT:** E#’s and S#’s are issued via Expanded Dispatch and emailed to the BUYT at [insert BUYT Email Address] [Describe special procedures.]

1. **INCIDENT COMMAND POST ADDRESS:**

|  |  |  |
| --- | --- | --- |
| **[Incident Name]** | **[Incident Name]** | **[Incident Name]** |
| [Location]  [1st Line Address]  [2nd Line Address]  [City], [State] [Zip Code] | [Location]  [1st Line Address]  [2nd Line Address]  [City], [State] [Zip Code] | [Location]  [1st Line Address]  [2nd Line Address]  [City], [State] [Zip Code] |

1. **INCIDENT MANAGEMENT TEAM INFORMATION**

**[Incident Name], [Incident Number]**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Contact Name** | | **Unit** | **Phone** | **Email** |
| **1** |  | **IC** |  |  |
| **2** |  | **INBA** |  |  |
| **3** |  | **FSC** |  |  |
| **4** |  | **LOGS** |  |  |
| **5** |  | **ORDM** |  |  |
| **6** |  | **PROC** |  |  |

**[Incident Name], [Incident Number]**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Contact Name** | | **Unit** | **Phone** | **Email** |
| **1** |  | **IC** |  |  |
| **2** |  | **INBA** |  |  |
| **3** |  | **FSC** |  |  |
| **4** |  | **LOGS** |  |  |
| **5** |  | **ORDM** |  |  |
| **6** |  | **PROC** |  |  |

**Is there a phone list available? [Yes, see attached] [No]**

1. **LAND AND FACILITY USE AGREEMENTS: PENDING**

*Refer to spreadsheet and incident folders for all executed and signed agreements.*

**[Incident Name], [Incident Number]**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Resource Order #** | **Vendor**  **(Name on Agreement)** | **Agreement Number** | **Vendor Contact** | **Phone** | **Email** | **Status** |
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**[Incident Name], [Incident Number]**

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| **Resource Order #** | **Vendor**  **(Name on Agreement)** | **Agreement Number** | **Vendor Contact** | **Phone** | **Email** | **Status** |
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1. **EMERGENCY EQUIPMENT RENTAL AGREEMENTS: PENDING**

*Refer to spreadsheet and incident folders for all executed and signed agreements.*

**[Incident Name], [Incident Number]**

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| --- | --- | --- | --- | --- | --- | --- |
| **Resource Order #** | **Vendor**  **(Name on Agreement)** | **Agreement Number** | **Vendor Contact** | **Phone** | **Email** | **Status** |
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**[Incident Name], [Incident Number]**

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| **Resource Order #** | **Vendor**  **(Name on Agreement)** | **Agreement Number** | **Vendor Contact** | **Phone** | **Email** | **Status** |
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1. **COMMERCIAL AGREEMENTS: PENDING & ACTIVE**

*List all items and services procured via commercial agreement slated for payment by Government Purchase Card or check. Use “Status” column to indicate transfer or payment plans at transition.*

**[Incident Name], [Incident Number]**

|  |  |  |  |  |  |  |  |
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| **Resource Order #** | **Equipment / Service** | **Location on Incident** | **Vendor Name** | **Vendor Contact** | **STATUS (date delivered, frequency of payments, date of last payment)** | **Transfer to Incoming BUYT?**  **(Yes / No)** | **Incoming BUYM Assignment** |
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**[Incident Name], [Incident Number]**

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| **Resource Order #** | **Equipment / Service** | **Location on Incident** | **Vendor Name** | **Vendor Contact** | **STATUS (date delivered, frequency of payments, date of last payment)** | **Transfer to Incoming BUYT?**  **(Yes / No)** | **Incoming BUYM Assignment** |
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1. **STANDING ORDERS: PENDING, OPEN, AND CURRENT**

*Please list all resources that are being delivered in intervals or resources that will remain in use after the transition. Include items such as propane, hotel rooms, supplemental foods, meals, etc.*

**[Incident Name], [Incident Number]**

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| **Resource Order #** | **Resource** | **Vendor Name** | **Vendor Contact** | **STATUS (date delivered, frequency of payments, date of last payment)** | **Transfer to Incoming BUYT?**  **(Yes / No)** | **Incoming BUYM Assignment** |
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**[Incident Name], [Incident Number]**

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| **Resource Order #** | **Resource** | **Vendor Name** | **Vendor Contact** | **STATUS (date delivered, frequency of payments, date of last payment)** | **Transfer to Incoming BUYT?**  **(Yes / No)** | **Incoming BUYM Assignment** |
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1. **SUPPLY ITEMS: PENDING**

*Supplies ordered (but not yet delivered to ICP) or supplies not yet ordered and need to be reassigned to incoming BUYT / Home Unit.*

**[Incident Name], [Incident Number]**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Resource Order #** | **Item** | **Vendor** | **Vendor Contact** | **Vendor Phone** | **Expected Arrival Date** | **Ordered By** | **Misc. Information or Reassignment** |
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**[Incident Name], [Incident Number]**

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| **Resource Order #** | **Item** | **Vendor** | **Vendor Contact** | **Vendor Phone** | **Expected Arrival Date** | **Ordered By** | **Misc. Information or Reassignment** |
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1. **SPECIAL PROCEDURES AND ITEMS OF NOTE**

*Transportation procedures, briefings, meetings, conference call, codes for buildings, buying team email/passcode, INBA Schedule, and items of special notes. Approved supplemental food/hydration should be captured here. Any unauthorized commitments identified.*

**[Incident Name], [Incident Number]**

* [Insert special procedures and item of note]
* [Insert special procedures and item of note]
* [Insert special procedures and item of note]
* [Insert special procedures and item of note]

**[Incident Name], [Incident Number]**

* [Insert special procedures and item of note]
* [Insert special procedures and item of note]
* [Insert special procedures and item of note]
* [Insert special procedures and item of note]

1. **CLAIMS**

*List claims that the Buying Team has received – if any, and if the claim has been resolved. List none if not applicable.*

**[None] [or List Out].**

1. **COSTS & DAILY SPREADSHEET**

*Identify the name, position, and method of contact for relaying cost information.*

**[Incident Name], [Incident Number]**

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| --- | --- | --- | --- | --- | --- |
| **Contact Name** | | **Unit** | **Phone** | **Email** | **Frequency & Time** |
| **1** |  | Finance |  |  | [Daily] at [XXXX] |
| **2** |  | Logistics |  |  |
| **3** |  | Ordering |  |  |
| **4** |  | INBA |  |  |
| **5** |  | Host Unit IBA |  |  |
| **6** |  | Host Dispatch |  |  |
| **7** |  | Expanded Dispatch |  |  |

**[Incident Name], [Incident Number]**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Contact Name** | | **Unit** | **Phone** | **Email** | **Frequency & Time** |
| **1** |  | Finance |  |  | [Daily] at [XXXX] |
| **2** |  | Logistics |  |  |
| **3** |  | Ordering |  |  |
| **4** |  | INBA |  |  |
| **5** |  | Host Unit IBA |  |  |
| **6** |  | Host Dispatch |  |  |
| **7** |  | Expanded Dispatch |  |  |

**ATTACHMENTS**

IMT Phone List

EERA / LUA Numbering Log

Commercial Agreement Numbering Log