

Request for Service Form – EEO
Rocky Mountain Regional CASU (RMRC)
Box 25305, Bldg. 41, RM 137, Denver Federal Center
Denver, CO 80225
(303) 236-8106 FAX (303) 236-0016
or (303) 236-1942

RMRC Use Only
Task Order Number RMRC _____
Vendor Assigned to this task order _____
Proposal Number _____
RMRC Contact Person _____
RMRC Signature _____

Date of Request: _____

Requesting Agency:

Agency _____ RMRC MOU # DEN _____

Agency Address _____

Project Officer Name _____ Phone Number _____

Email Address _____ Fax Number _____

Alternate Contact _____ Phone Number _____

Project Officer Signature _____ Date _____

Approving Official Signature _____ Date _____

Place of Performance if other than the address shown above

Required Services:

- Statement of Work (list of tasks to be performed) should be attached
- EEO Case # _____
- Vendor Case has been sent to: _____

Period of Performance: Start Date _____ End Date _____

Overtime Authorized: ____ Yes ____ No Authorized Dollar estimate for OT \$ _____

Travel Authorized: ____ Yes ____ No Authorized Dollar estimate for Travel \$ _____

When travel is authorized the contractor will be reimbursed in accordance with the GTR

Customer Project Officer Name _____ Phone Number _____
Email Address _____ Fax Number _____
Alternate Contact _____ Phone Number _____
Approving Official Signature _____ Date _____

Billing Information

Check one of the billing methods below

- IPAC Billing
- OR**
- Credit Card Billing (complete the attached credit card information form)

DOD Agencies

- Attached is MIPR # _____
- A MIPR has already been sent in. Use MIPR # _____

Civilian Agencies

- Attached is a funding document (customer obligating document, i.e.; purchase order, misc. obligating document, funded IA etc.) that should be used for all charges associated with this order.
- A funding document that covers Fiscal Year _____ has already been sent in. Refer to funding document # _____ for charges associated with this Order.
- Use this task order form to fund the amount listed below and use the following account number for all charges associated with this order:
Accounting Line/Account Number _____
Funds Obligated: \$ _____

Signature of Certifying Officer for the above funds _____ Date _____

Title of Certifying Officer _____ Phone Number _____

Fax Number _____

Provide the following information as to how and where billing documents should be sent:

Name: _____
Phone #: _____ Fax #: _____
Mailing Address: _____

E-mail Address: _____

Preferred method of receiving billing information:
 Email Fax Mail