# **Request for Service Form - Labor Moving**

Rocky Mountain Regional CASU (RMRC) Box 25305, Bldg. 41, RM 137, Denver Federal Center Denver, CO 80225 (303) 236-9828 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      Agency Physical Address	
Customer Project Officer Name Project Officer Signature	Date
Physical Address of Performance if other than the address	ss shown above
Required Services: Government client agency estimate of number of	contractors required, identified by skill category:
# of Trucks Total # of Movers	(includes driver)
Estimated # of hours for job (allow ½ hour for l	unch)
Crew report time Office hours	am topm
Period of Performance: start date throug	zh
Overtime authorized Yes No Dollar Estin	nate for Overtime:
Safes to be moved: Yes No If Yes, Quantity	Approximate Weight Each

**Describe work to be performed:** On a separate page provide detailed description of the requirements of this Request for Service and the equipment required by the contractor.

Customer Project Officer Name	Phone Number	
Email Address	Fax Number	
Alternate Contact	Phone Number	
Approving Official Signature	Date	
<b>Billing Information</b>		

## **Billing Information**

#### Check one of the billing methods below

IPAC Billing	
OR	
Credit Card Billing (complete the attached credit ca	ard 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:

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 #:	
Mailing Address:	
E-mail Address:	
Preferred method of receiving	billing information:
Email Fax	Mail