

Request for Service Form – Multi-Media Productions

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 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) **MUST** be attached to this request form.

Period of Performance: Start Date _____ End Date _____

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