

Request for Service Form – Courier Mail

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 _____ 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 _____

Number of Stops _____

Location of Stops _____

Cost Estimate:

RMRC will complete this section and provide your office with an estimate for funding purposes

Number of Stops: _____ times _____ days during period of performance times RMRC Fee \$5.75 per stop

Total of Estimate \$ _____

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