

# Request for Service Form – Property Center

Rocky Mountain Regional CASU (RMRC)  
Box 25305, Bldg. 41, RM 137, Denver Federal Center  
Denver, CO 80225  
(303) 236-8105 FAX (303) 236-0016  
or (303) 236-1942

<b>RMRC Use Only</b>
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 \_\_\_\_\_

Agency Located: On Federal Center \_\_\_\_\_ Off Federal Center \_\_\_\_\_

FTE Count \_\_\_\_\_ (Billing for this service is for the full year and based on the number of full time employees)

Fee for this service is \$18.00 per FTE for agencies located on the Federal Center and \$25.00 per FTE for agencies located off the Federal Center.

## **Cost Estimate:**

Please fill out the cost estimated below

FTE Count \_\_\_\_\_ times RMRC Fee \_\_\_\_\_ Total of this estimate \$ \_\_\_\_\_

Fiscal Year of Service Request \_\_\_\_\_

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

