

Request for Service Form - Contract Staffing Support

Rocky Mountain Regional CASU

Box 25305, Bldg. 41, RM 137, Denver Federal Center

Denver, CO 80225

(303) 236-7438 or 9642 or 8106 FAX (303) 236-0016

RMRC Use Only

Task Order Number _____

Vendor Assigned to this task order _____

Proposal Number _____

RMRC Contact Person _____

RMRC Signature _____

Date of Request: _____

Requesting Agency:

Agency _____ RMRC IA # DEN _____

Agency Address _____

Customer Project Officer Name: _____

Customer Project Officer 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
- If you have a name request place the name here _____

Skill category: _____ Number of people to complete the task: _____

Period of Performance: Start Date _____ End Date _____

Hours per day _____ Hours per week _____ Days to be worked: M TU W TH F

Work Hours: ____ am to ____ pm Estimated Total Hours For This Task Order _____

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

Security/Police/Driving record check (If you check yes below you are asking the vendor to perform the service)

Is a security check required Yes ____ No ____ What Level? _____

Is a Police check required Yes ____ No ____

Is a driving record check required Yes ____ No ____

List equipment/facilities to be provided by the government for the performance of this task:

Is safety equipment required to perform this task Yes ____ No ____ if yes list the equipment needed: _____

Customer Project Officer Name _____ Phone Number _____
Email Address _____ Fax Number _____
Alternate Contact _____ Phone Number _____

Approving Official Signature _____ Date _____

Government Hourly Rate Estimate \$ _____

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 #: _____

Address: _____

E-Mail Address: _____

Preferred method of receiving billing information:

Email Fax Mail