



REQUEST FOR SERVICE

FedSource – Denver

Box 25305, Bldg. 41, RM 137
Denver Federal Center
Denver, CO 80225
(303)236-1942 (303)236-0016 FAX

Copier & Printer Program Services

Task Order Number: _____

[] Copier [] Printer [] Fax

Section I – Service Requested (To be completed by requesting agency)

Date of Request: _____ Requested Installation Date _____

Pricing Option: Cost per Copy _____ Flat Rate _____ LTOP _____ Purchase _____

Include Maintenance Plan? (Purchase Only): [] YES [] NO

Type of Order: New Order _____ Upgrade _____ Modification _____ Removal _____

Agency Name _____

Street Address Where Equipment Will Be Placed _____

Room Number _____ City/State _____ ZIP Code _____

FedSource IA (customer) #: DEN _____

(this number can be found on our web site at www.fedsource.gov - click on the Customers link)

Requestor Name _____ Requestor Phone Number _____

Requestor Address: _____

Requestor Fax Number _____ Requestor Email Address _____

Key Operator Name: _____ Key Operator Phone # _____

Key Operator E-Mail: _____ Key Operator Fax _____

Type of Equipment _____ Model _____ Volume Band _____

Minimum Monthly Volume _____ Monthly Charge _____ Excess Charge _____

Connection Options: Printer – Yes/No _____; Fax – Yes/No _____; Scanner – Yes/No _____

Additional Comments/Accessories _____

Ordertaker _____ Dealer _____

This is a 60 month rental agreement. Early termination fee = 1 month base rate charges.

Approving Official Signature: _____

Date _____

Section II - Cost Estimate – (To Be Completed by FedSource - Denver)

A funding document is now required from your agency to fund services through FedSource - Denver. Listed below is a cost estimate. Please supply our office with a funding document or if your office does not issue funding documents please have someone with intergovernmental obligation authority sign section III of this form, in which case FedSource will assign a funding document number.

RENTAL/LEASE				TOTAL ESTIMATE
Monthly Rental or Lease	LTOP Monthly Maintenance	Months		
+	X	=	\$	

PURCHASE		MAINTENANCE		TOTAL ESTIMATE
Purchase Cost	Cost per copy (includes supplies & service)	Estimated Monthly Volume	Months	
+	(X	X) =	\$

Section III - Budget Authority (To be completed by requesting agency)

Funding Document Number _____ (Please attach a copy of document)

OR

Obligated Amount \$ _____

Intergovernmental Obligating Authority Signature _____ Date _____

Please print the obligating authority name here _____ Phone Number _____

Section IV - Billing Information (To be completed by requesting agency)

Place a checkmark next to the requested method of billing and fill in the appropriate information.

_____ IPAC Billing (**Preferred Billing Method**): Agency Locator Code _____
 Account Number (If using this request form as funding document) _____

_____ Credit Card: Credit Card Number _____ Exp. Date ___/___/___
 Cardholder name _____ Cardholder Phone # _____
 Cardholder fax # _____ Cardholder email _____
 Cardholder signature _____

Provide the following information as to how and where billing documents should be sent:

Name: _____ Phone # _____ Fax # _____

Street Address: _____

City/State/ZIP: _____

Email Address: _____

Preferred method of receiving billing information: By e-mail _____ By fax _____ By mail _____