



REQUEST FOR SERVICE

FedSource – Denver

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

Document Imaging

Task Order Number: _____

Section I - Service Requested (Information to be filled out by requesting agency)

Agency Name _____

FedSource IA (customer) #: DEN _____ (this number can be found on our web site at www.fedsource.gov)

Requestor Name _____ Requestor Phone Number _____

Requestor Address: _____

Requestor Fax Number _____ Requestor Email Address _____

Dates Required From: _____ To: _____ Report Time: _____ a.m. - _____ p.m.

Job Location: Street Address _____

Bldg. # _____ Entrance # _____ Floor _____ Room # _____

Attached statement of work

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 obligating authority sign section III of this form, in which case FedSource will assign a funding document number.

Cost estimate \$ _____ Vendor Chosen _____

Section III - Funding 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 per your agency

IPAC Billing (**Preferred Method of Billing**): 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 #: _____
Address: _____

E-mail Address: _____

Preferred method of receiving billing information:

by e-mail by fax by mail