



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

IPC Services

Task Order Number: _____

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

1. Agency Name _____
 2. FedSource IA (customer) #: DEN _____ (this number can be found on our web site at www.fedsourcesource.gov)
 3. Requestor Name _____ 4. Requestor Phone Number _____
 5. Requestor Address: _____

 6. Requestor Fax Number _____ 7. Requestor Email Address _____
 8. Agency located: On Federal Center _____ Off Federal Center _____
 9. 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.
10. Approving Official Signature: _____ Date _____

Section II - Cost Estimate – (to be completed by requesting agency)

A funding document is now required from your agency to fund services through FedSource – Denver. Please complete cost estimate and 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.

FTE Count _____ times FedSource Fee _____ Total of this estimate \$ _____

Section III - Funding Authority – (to be completed by requesting agency)

11. Funding Document Number _____ (Please attach a copy of document)
- OR**
12. Obligated Amount \$ _____
 13. Intergovernmental Obligating Authority Signature _____ Date _____
 14. 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

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

16. 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:

17. Name: _____ Phone # _____ Fax # _____
Address: _____

18. Email Address: _____

19. Preferred method of receiving billing information:
 by e-mail: by fax: by mail: