



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

Mail

Task Order Number: _____

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

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

 Requestor Fax Number _____ Requestor Email Address _____
 Number of Stops _____
 Location of Stops _____

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 the 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.

Number of Stops: _____ times 251 days per year times FedSource Fee \$4.50 per stop
 Total of this estimate \$ _____

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