

CONFIRMATION OF SERVICE

Date Service Rendered: Contractor Name: Phone: PURCHASE ORDER #		SAP Vendor Number: Address (1): Address (2):									
							State:		Zip Code:		
								(Reference line items on purchase order t	hat match the	services that	were perfo
		Item #	Description / Product ID		Quantity	U.O.M.	Unit Price	Item Total			
					Total:						
Contractor S	ignature:	Date:									
I certify the s	PENNDO services represented by the confirmation of service form a	T USE ONLY bove were receive		y. Therefore, I	approve payme	ent be made.					
	Project Manager Signature		Date (mm/dd/yyyy)								
I certify that Directive 310	I have entered a Goods Receipt in SAP for this service. (0.31)	Soods Receipts	should be enter	ed within 48 h	ours per Manag	ement					
SRM/R3 Receiver Sig			Date (mm/dd/yyyy)								