Unified Communications & Collaboration
Center for Information Technology

Billing Authorization Form - UCC
Unified Communications & Collaboration

Customer Name _____ Phone Number _____

Customer Organization _____

Work Requested (Location, Date(s), Time, etc.) _____

Work to be Performed by _____

UCC Contact Name _____ Phone Number _____

Service/Goods	Amount/Units	Unit Cost	Item Total
Maximum Amount that may be billed to this BAF during the current fiscal year:		FY	

Note: Funds are not obligated. Charges will be billed in the month following actual work performance. Recurring monthly charges will be billed starting in the month the service was initiated unless otherwise indicated.
All services and procurements to be provided as stated in the UCC Service Level Descriptions available online at http://video.nih.gov/serviceDocuments.asp.

CIT Account Code* (*e.g.ZZZ9*) _____

** If unknown, provide your CAN and a CIT Account Code request form (available at http://video.nih.gov/serviceDocuments.asp).*

Customer's Authorizing Official's Name / Title

_____

Signature _____ Date _____

Josephine Chen, Section Chief, CIT/Unified Communications & Collaboration/Video

Signature _____ Date _____

Return this form to UCC Billing: email UCIG@mail.nih.gov or fax to 301-594-5529