



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 <input style="width: 80px;" type="text"/>	

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

Signature Date

Return this form to UCC Billing: email