**pennsylvania**
DEPARTMENT OF TRANSPORTATION
www.dot.state.pa.us

# CONFIRMATION OF SERVICE

Date Service Rendered: _____  SAP Vendor Number: _____

Contractor Name: _____  Address (1): _____

Phone: _____  Address (2): _____

**PURCHASE ORDER #** _____  State:_____  Zip Code: _____

## (Reference line items on purchase order that match the services that were performed.)

| Item # | Description / Product ID | Quantity | U.O.M. | Unit Price | Item Total |
|--------|-------------------------|----------|--------|-----------|-----------|
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  | Total: |  |

**Contractor Signature:** _____  **Date:** _____

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## PENNDOT USE ONLY

I certify the services represented by the confirmation of service form above were received satisfactorily. Therefore, I approve payment be made.

_____  _____
Project Manager Signature                Date (mm/dd/yyyy)

I certify that I have entered a Goods Receipt in SAP for this service. (Goods Receipts should be entered within 48 hours per Management Directive 310.31)

_____  _____  _____
SRM/R3 Receiver Signature   Date (mm/dd/yyyy)   SRM Confirmation # / R3 Material Document #