## **Attachment B: Confirmation of Services Report (OS-501)**

OS-501	(10-14)							
16	pennsylvania DEPARTMENT OF TRANSPORTATION www.dot.state.pa.us	CONFIRMATION	CONFIRMATION OF SERVICE					
Date Se	rvice Rendered:		SAP Vendor Number:					
Contract	tor Name:		Address (1):					
Phone:			Address (2): State: Zip Code:					
PURCH	ASE ORDER #:	ms on purchase order that	City:			Jode:		
DO Line			Quantity U.O.M. Unit Price Item Total					
PO Line #	Description / Product ID		Quantity	U.O.IVI.	Onit Frice.			
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Continue on page 2				n page 2	Total of Page 1	\$ 0.00		
			Total of Page 2	\$ 0.00				
			Grand Total	\$ 0.00				
Contrac	tor Signature:			Date	»:			
		DEMISOT	ICE ONLY					
I certify	the services represented by the confir	PENNDOT Umation of service form above we		ly. Therefore, I	approve payment be	made.		
_	Project Manager Signature Date (mm/dd/yyyy)							
I certify 310.31	that I have entered a Goods Receipt i	n SAP for this service. (Goods F	Receipts should be ente	red within 48 ho	ours per Managemer	nt Directive		
_	SRM/R3 Receiver Signature	Date (	mm/dd/yyyy)	SRM Cor	nfirmation # / R3 Material De	ocument#		