Attachment 3 Confirmation of Services Form (OS-501)

OS-501 (10-14)

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 #:_____ City:_____ State:_____ Zip Code:_____

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

PO Line #	Description / Product ID	Quantity	U.O.M.	Unit Price	Item Total
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
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					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00

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Total of Page 1	$ 0.00
Total of Page 2	$ 0.00
Grand Total	$ 0.00

Contractor Signature:_____ Date:_____

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 #