OS-501 (7-16)

pennsylvania
DEPARTMENT OF TRANSPORTATION
www.penndot.gov

CONFIRMATION OF SERVICE

Date(s) Service Rendered:_____ - _____
Vendor Name: _____
Phone: _____
PURCHASE ORDER #:_____

SAP Vendor Number:_____
Address (1): _____
Address (2): _____
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