



## Billing Authorization Form - CTIVS

### Collaborative Technology Innovations and Video Services

Customer Name	<input style="width: 95%;" type="text"/>	Phone Number	<input style="width: 95%;" type="text"/>
Customer Organization	<input style="width: 100%;" type="text"/>		
Work Requested (Location, Date(s), Time, etc.)	<input style="width: 100%; height: 60px;" type="text"/>		
Work to be Performed by	<input style="width: 100%;" type="text"/>		
CTIVS Contact Name	<input style="width: 65%;" type="text"/>	Phone Number	<input style="width: 30%;" type="text"/>

Service/Goods	Amount/Units	Unit Cost	Item Total
<b>Maximum Amount that may be billed to this BAF during the current fiscal year:</b>		FY	<input style="width: 20px;" 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 CTIVS 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 CTIVS Billing: email [CITVideoRoomDesignSupport@mail.nih.gov](mailto:CITVideoRoomDesignSupport@mail.nih.gov) or fax to 301.451.5753**