

NOAA FORM 41-1 (10/2023)		U.S. DEPARTMENT OF COMMERCE NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION	REQUISITION NUMBER (To be assigned by FOD)												
REQUEST FOR OFFICE SERVICES															
FROM: ORIGINATING OFFICE	DATE OF REQUEST		DATE SERVICES REQUIRED												
REQUESTOR INFORMATION															
NAME	TELE NUM. + EXT.	BUILDING	ROOM NUMBER												
ORGANIZATION CODE ("14" + 16 digits) 14		PROJECT/TASK CODE (15 char)													
OFFICE SERVICE INFORMATION															
BUILDING (WHERE SERVICES WILL BE PERFORMED)	ROOM NUMBER (WHERE SERVICES WILL BE PERFORMED)														
DESCRIPTION OF SERVICES REQUIRED AND LOCATION *															
<p>* include the point of contact if other than the requestor</p> <table border="1"> <tr> <td>APPROVAL (Signature of official authorized to approve the expenditure of funds)</td> <td>DATE</td> </tr> <tr> <td colspan="2">FOR FOD USE ONLY</td> </tr> <tr> <td>DATE RECEIVED</td> <td>COMPLETION DATE</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td>WORK ORDER CODE</td> <td>MAN HOURS</td> </tr> <tr> <td></td> <td></td> </tr> </table>				APPROVAL (Signature of official authorized to approve the expenditure of funds)	DATE	FOR FOD USE ONLY		DATE RECEIVED	COMPLETION DATE			WORK ORDER CODE	MAN HOURS		
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