

HCO ACCOUNT REBILL REQUEST APPROVAL

Date of Request:

Expense Category:

Goods or Services

Personnel (Hiree)

SAO Funding Source
(Person):

Period of Performance
(POP):

Description of
Work/Services:

Salary + **Benefits** or
Goods/Services Total:

PO Status* :

Requested

Approved/In-Process

Enclosed

**PO must be received before any services can be provided & must be for entire POP listed above*

Approvals

SAO Administrator Initiating Services/Hire:

(Print Name)

(Signature)

(Date)

SAO FM Office:

(Print Name)

(Signature)

(Date)

HCO Finance and Administration:

(Print Name)

(Signature)

(Date)

Please forward completed form to: HCO-Procurement@cfa.harvard.edu