**SERVICE REQUEST FORM  
for all *non-Atlas* UN Entities**

|  |  |
| --- | --- |
| To: UNV HQ, Bonn  Germany | From: [UN Entity Name, location] |
| Attn: UNV Deputy Executive Coordinator | Authorizing Officer: [UN Entity to complete] |
|  | Signature: [Authorizing Officer from UN Entity] |
|  | Email : [Authorizing Officer from UN Entity] |
| Country of Assignment / Mission: |  |
| **Agency References:**  (These INTERNAL references provided by the **UN ENTITY** are to assist the **UN ENTITY** in identifying the expenditures related to this request in the SCA report – up to 50 characters for each of the three options. At least ***one*** of the three options must be provided.) | Agency Reference:   Agency ULO / PO / Requisition Number:   Agency Account Number/Project Code/CoA: |
| Number of requested UNV assignment(s):  (Number to be specified by modality, e.g. Specialist, Youth, Community, University, Refugee, Event, Expatriate, Retiree/Senior, etc.  UNV Programme Manager only applicable for some UN Missions.) | International Specialist: International Youth:  National Specialist:  National Youth:  [Etc.]  UNV Programme Manager:  Duration of the Contract(s): |
| Total amount UN Entity will cover for the above requested UNV assignment(s) based on the monthly proforma and contract duration.  (Please specify US$, US$ equivalent or local currency) | International Specialist: $ International Youth: $  National Specialist: $  National Youth: $  [Etc.]  UNV Programme Manager: $ |
| Service Request Instructions (any additional information) |  |
| Request Date: | [DD/MM/YYYY] |

**The SCA account of the non-Atlas UN Entities should always have a sufficient fund balance and is replenishable at their own discretion.**

**Via the monthly SCA report, all monthly volunteer expenses will be reported to the UN Entity.**

**Access to the SCA reports can be requested from** [gssu.agencies@undp.org](mailto:gssu.agencies@undp.org).

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for all *Atlas* UN Entities**

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| --- | --- |
| To: UNV HQ, Bonn Germany | From: [UN Entity Name, location] |
| Attn: UNV Deputy Executive Coordinator | Authorizing Officer: [UN Entity to complete] |
|  | Signature: [Authorizing Officer] |
| Country of Assignment: |  |
| Number of requested UNV assignment(s):  (Number to be specified by modality, e.g. Specialist, Youth, Community, University, Refugee, Event, Expatriate, Retiree/Senior, etc. | International Specialist: International Youth:  National Specialist:  National Youth:  [Etc.]  Duration of the Contract(s): |
| Total amount UN Entity will cover for the above requested UNV assignment(s) based on the monthly proforma and contract duration.  (Please specify US$, US$ equivalent or local currency) | International Specialist: $ International Youth: $  National Specialist: $  National Youth: $  [Etc.] |
| Service Request Instructions (any additional information) |  |
| Request Date: | [DD/MM/YYYY] |

**The following Chart of Account (CoA) is to be used to cover the above-mentioned .**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Account** | **Oper. Unit** | **Fund** | **Dept** | **Project Nr.** | **Impl. Agent** | **Donor** | **Activity** | **\*Budget %** |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

**\*To be completed if fee is funded by multiple CoAs with different %**