**Service Request Form for all non-Quantum UN Entities**

|  |  |
| --- | --- |
| To: | UNV HQ, Bonn, Germany |
| Attn: | UNV Deputy Executive Coordinator |
| From: [UN entity name, location] |   |
| Authorising officer name:  |  |
| Authorising officer email: |  |
| Signature of authorising officer: |  |
| Duty Station / 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 account number/project code:Agency reference:Unliquidated obligation: |
| 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): | Months: |
| 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) |  |
| Date[[1]](#footnote-2): | [DD/MM/YYYY] |

**The SCA account of the non-quantum 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.

**Service request form for all Quantum-UN Entities using Project and Portfolio Management (PPM)**

 **(UNCDF, UNWOMEN, UNU, UNV, UNDP)**

|  |  |
| --- | --- |
| To: | UNV HQ, Bonn, Germany |
| Attn: | UNV Deputy Executive Coordinator |
| From: [UN entity name, location] |   |
| Authorising officer name:  |  |
| Authorising officer email: |  |
| Signature of authorising officer: |  |
| Duty station and 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): | Months: |
| 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) |  |
| Date[[2]](#footnote-3): | [DD/MM/YYYY] |

**The following Quantum costing is to be used to cover the above-mentioned.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Award** | **Project** | **Task (Atlas Department)** | **Funding source** | **Expenditure type** | **Expenditure org.** | **\*Budget %** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

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

**Service Request Form for all Quantum-UN Entities *Not* using Project and Portfolio Management (PPM)**

**(UNFPA, UNITAR, UNSSC)**

|  |  |
| --- | --- |
| To: | UNV HQ, Bonn, Germany |
| Attn: | UNV Deputy Executive Coordinator |
| From: [UN entity name, location] |   |
| Authorising officer name:  |  |
| Authorising officer email: |  |
| Signature of authorising officer: |  |
| Duty station and 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) (in months) |  |
| 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) |  |
| Date[[3]](#footnote-4): | [DD/MM/YYYY] |

**The following quantum costing is to be used to cover the above-mentioned .**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Agency** | **Donor** | **Operating unit** | **Inter agency** | **Fund code** | **Future** | **Cost center** | **Project** | **\*Budget %** |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

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

1. The date this form was signed. UNV personnel to enter this date in the ‘Funding confirmation date’ field in UVP. [↑](#footnote-ref-2)
2. The date this form was signed. UNV personnel to enter this date in the ‘Funding confirmation date’ field in UVP. [↑](#footnote-ref-3)
3. The date this form was signed. UNV personnel to enter this date in the ‘Funding confirmation date’ field in UVP. [↑](#footnote-ref-4)