**BATIAS Advocacy Spot Purchase Service Agreement**

**Please complete the following table and return to** [batias.grays@batias.com](mailto:batias.grays@batias.com) **before date service required to confirm funding for Advocacy Spot Purchase has been agreed. We cannot finalise arrangements until confirmation has been received.**

|  |  |
| --- | --- |
| **Name of professional making request and role:** |  |
| **Team/department:** |  |
| **Email address:** |  |
| **Phone numbers:** |  |
| **Are you authorised to make this request?** |  |
| **If you are not authorised please include name and contact details of person authorising this request:** |  |
| **Organisation requesting service:** |  |
| **Details of service requested:** |  |
| **Date/s service required:** |  |
| **Name and contact details for service user:** |  |
| **Agreed hourly rate for advocacy:** |  |
| **Additional travel, car parking and other expenses agreed:** |  |
| **Payment Process: Purchase Order Number and/or other information to quoted in our invoice:** |  |
| **Additional information:** |  |
| **Please sign to confirm you have authority to make this request and agree that stated hourly rate and expenses will be paid to BATIAS on receipt of invoice:** |  |
| **Date:** |  |

**For BATIAS office use:**

**Date request received:…………………………………………………………………**

**BATIAS staff member responsible:……………………………………………………**

**Cost per advocacy hour:………………………………………………………………**

**Additional expenses agreed:…………………………………………………………**