



HINDU AMERICAN RELIGIOUS INSTITUTE
301 Steigerwalt Hollow Road, New Cumberland, PA 17070
PRIEST SERVICE REQUEST (PSR) FORM

Service Requestor's Particulars:

Today's Date: ___ / ___ / 201__

Requesting Devotee's Name: _____

Address*: _____

Email*: _____ Contact Number*: (____) _____ - _____

Service Location: Same as the above address At HARI Temple

At this address: _____

Would you prefer the Priest drive himself? Yes** No, will provide ride both ways

** If yes, provide approximate distance from HARI to the service location: _____ Miles

Date, Time, and Type of Service (Satyanarayan Katha, Havan, Vastu Puja, Wedding, Baby-Shower, etc.):

Date of Service: ___ / ___ / _____ Start Time: ___:___ am/pm End Time: ___:___ am/pm

Type of Service: _____ Total Hours Anticipated: _____

Requesting Services from: Anyone Priest Pu. Swamy ji Pu. Shastri ji

Remarks, if any: _____

FOR HARI OFFICE USE ONLY:

Request# _____ **Date Received:** ___ / ___ / 201__

Decision: Approved Not approved (reason): _____

Approved by (President / Authorized Person): _____ Date: ___ / ___ / 201__

Puja Policy communicated to the requestor on: ___ / ___ / 201__

Priest Assigned: Pu. Shastriji Pu. Swamy ji Will leave at: ___:___ am/pm; Return by: ___:___ am/pm

Total Charges: \$ _____ Paid? Cash/CK# _____ Collect on the service day

Priest's Signature: _____ Service Requestor's Signature: _____

To be filled after the service has been performed:

Today's Date: ___ / ___ / 201__

Services provided on: ___ / ___ / 201__ by (Priest's name): _____

Priest left at ___:___ am/pm Returned at: ___:___ am/pm Actual service + travel hours: _____

Total Charges after adjustments: \$ _____ O/S Charges: \$ _____ Refund Due: \$ _____

Amount Received: \$ _____ Cash / Check# _____ Aarti money recd, if any: \$ _____

Account settled by (sign only after the account is settled): _____ / ___ / 20__