



TASK ORDER #: \_\_\_\_\_  
AGREEMENT #: \_\_\_\_\_  
TOTAL: \_\_\_\_\_  
TOTAL NOT TO EXCEED

# Task Order

Consultant shall perform the services as outlined in below, within the times or by the dates provided for herein. Such work shall be subject to the terms and conditions of that certain Agreement for Services (Open Scope) dated \_\_\_\_\_.

PROJECT NAME: \_\_\_\_\_ PROPERTY NUMBER IF APPLICABLE: \_\_\_\_\_

TASK: \_\_\_\_\_

AG + OPEN SPACE CONTRACT & PROJECT LEAD:

Project Lead: \_\_\_\_\_ Contract Lead (if different than Project Lead): \_\_\_\_\_  
Note for Project Lead: please consult with Contract Lead prior to sending this Task Order to Admin Aides to confirm project and budget.

CONTRACTOR:

Company name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Authorized Signer \_\_\_\_\_ Email: \_\_\_\_\_

Name authorized subcontractors: \_\_\_\_\_

DELIVERABLES & SCOPE OF WORK: SCOPE OF WORK : MUST BE ATTACHED TO THIS FORM

Deliverables: \_\_\_\_\_

Time to perform work: \_\_\_\_\_ Draft report due: \_\_\_\_\_ Final report due: \_\_\_\_\_

Project-specific items to be provided by Ag + Open Space (if applicable): \_\_\_\_\_

ACCOUNT CODES:

Account #: \_\_\_\_\_ Department: \_\_\_\_\_ Project User Code(s): \_\_\_\_\_

CONTRACTOR:

BY: \_\_\_\_\_  
CONTRACTOR SIGNATURE  
\_\_\_\_\_  
PRINT NAME  
\_\_\_\_\_  
DATE  
\_\_\_\_\_

AG + OPEN SPACE:

BY: \_\_\_\_\_  
PROJECT LEAD SIGNATURE  
\_\_\_\_\_  
PROGRAM MANAGER SIGNATURE  
VERIFICATION OF CONTRACT BALANCE  
BY: \_\_\_\_\_  
ACCOUNTING TECHNICIAN SIGNATURE  
\_\_\_\_\_  
AFTER COLLECTING ABOVE SIGNATURES, SUBMIT TO ADMINISTRATIVE AIDE