



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: _____

TASK: _____

AG + OPEN SPACE LEAD:

Project Lead: _____ Email: _____ Phone: _____

CONTRACTOR:

Company name: _____ Phone: _____

Address: _____

Key personnel: _____ 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