



**WORK ORDER AND BILLING FORM
TERM SIGNAGE CONTRACT - CY 2010**

Contractor: _____
Address: _____

Tax I.D. No. _____

Work Order Authorization: 01
Authorization Modification: _____
Contract Authorization No.: _____
Project I.D. No.: _____
Account No.: _____

PROJECT:

SCOPE: You are hereby authorized to proceed and complete the above referenced work described as follows on the attached Cost Proposal (s):

Sample Work Order

SCHEDULE: Date for completion of work shall be: _____

CONTRACT SUMMARY

Work Order Authorization	<u>01</u>	<u>\$0.00</u>	Contractor	Date
Prior Modification	_____	<u>\$0.00</u>	All Required BOR Approvals obtained	
This Modification:	_____	<u>\$0.00</u>	Reviewed By	Date
Amended Work Order Authorization	_____	<u>\$0.00</u>	Funding Obtained by	
Other Authorization as Amended:	_____	<u>\$0.00</u>	Admin Asst.	Date
TOTAL CONTRACT TO DATE:	_____	<u>\$0.00</u>	FP&C Fiscal Mgr	Date
			John Faunce, Director	Date
			Procurement Services	Date

CONTRACT BILLING FORM

Authorized Fee _____ Earned to Date (A) _____ Previously Approved (B) _____ (C) _____

I HEREBY CERTIFY THAT THE ABOVE SUMS ARE TRUE AND ACCURATELY REFLECT THE SERVICE RENDERED IN ACCORDANCE WITH THIS CONTRACT BY THIS CONTRACTOR

By _____ Payment Authorization _____
Contractor Date Project Manager Date