

**TASK ORDER FORM
(DEPARTMENT LETTERHEAD)**

TASK ORDER - PD _____

(PROJECT TITLE)

1.0 Authorization

This task order is issued under approval of the Board of County Commissioners, Escambia County, Florida (DATE) and under the terms and conditions of Contract No. PD _____ (PROJECT TITLE) which was approved by the Board of County Commissioners on (DATE). Index Code _____ (Fund _____) not to exceed \$_____.

2.0 Scope

3.0 Schedule

The work authorized herein shall be completed within _____ calendar days of receipt of this task order.

4.0 Compensation

This Task Order is issued for a Lump Sum of \$_____. Invoices may be submitted for monthly progress payments subject to the terms and conditions of PD _____.

5.0 Progress Meetings

The _____ shall schedule progress review meetings with the County project manager as necessary but every 30 days as a minimum to discuss design and permitting issues.

Issued by:

Accepted by:

Barry R. Evans, County Administrator

(Company)

Date

Date