INDIVIDUAL WORK ORDER FOR

PROFESSIONAL SERVICES

	Specify one of the following:		
	Category A. Full-Service Architectural And Engineering Services Category B. Miscellaneous Architectural Services Category C. Miscellaneous Engineering Services Category D. Specialty Services		
	Request For Proposal RFP-SSHE-PROF-2004-1 Master Contract Number PASSHE-PROF-2005-[#] Individual Work Order Number PASSHE-PROF-2005-[#]: [##]		
	This Individual Work Order is being issued on		
	the day of 20,		
	by and between		
	[university or office of the chancellor] of the Pennsylvania State System of Higher Education of the Commonwealth of Pennsylvania (hereinafter called the "System") and		
	[name of professional] [address of professional]		
	a [corporation, partnership, or other] (hereinafter called the "Professional")		
<i>for</i> betv			
for betw here	(hereinafter called the "Professional") terms, requirements, conditions, and considerations of the Standard Form of Agreem Open Ended Professional Architectural And Engineering Services previously executiveen the System and the Professional on the day of, 20,		
for betwhere 1.	(hereinafter called the "Professional") terms, requirements, conditions, and considerations of the <i>Standard Form of Agreem</i> **Copen Ended Professional Architectural And Engineering Services previously executiveen the System and the Professional on the day of, 20, reby referenced and made a part hereof as if attached.		
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for betw here 1.	(hereinafter called the "Professional") terms, requirements, conditions, and considerations of the Standard Form of Agreem Open Ended Professional Architectural And Engineering Services previously executive the System and the Professional on the day of, 20, reby referenced and made a part hereof as if attached. REFERENCE INFORMATION Project Name and Number:		

2. PROFESSIONAL'S SCOPE OF WORK

List any deviations from duties and responsibilities for Basic Services listed in Rider A of the Standard Form of Agreement for Open-Ended Professional Architectural And Engineering Services.

List any Additional Services required.

3. TIME REQUIREMENTS

Outline time for completion of the Professional's work.

4. SPECIAL CONDITIONS:

State any qualifying pre-existing conditions.

5. COMPENSATION AND COSTS

The Professional's compensation, as negotiated for services to be rendered under this Individual Work Order, shall be **\$[---compensation---]**, to be paid upon completion of the Professional's work unless otherwise agreed to and outlined in this Individual Work Order by the System.

The Professional's Fee Proposal, in response to the Professional's Scope of Work and Time Requirements of this Individual Work Order, consisting of [---number---] pages is <u>attached</u> and made part of this Individual Work Order for this Project.

Specify and discuss costs with respect to the Category Of Service is being provided, whether.

Category A - Full-Service Architectural And Engineering Services

Category B - Miscellaneous Architectural Services

Category C - Miscellaneous Engineering Services

Category D - Specialty Services

6. LIST ATTACHMENTS

List and attach any documents that more fully describe the work to be accomplished, such as plans, specifications, sketches, etc.

Indicate as attached by reference if applicable.

7. EXECUTION OF INDIVIDUAL WORK ORDER

The parties understand and agree that this Individual Work Order shall not be legally valid, effective, or enforceable until it has been signed by all appropriate Commonwealth attorneys.

8. NOTICE TO PROCEED

The Professional shall not commence performance hereunder until after the System issues a Notice to Proceed.

IN WITNESS WHEREOF,

this Individual Work Order has been executed and delivered as of the date previously set forth:

FOR THE PROFESSIONAL	FOR THE COMMONWEALTH
Type in names / Identify positions / Sign and Date	Type in names / Identify positions / Sign and Date
If Professional Is an INDIVIDUAL or PARTNERSHIP, the Individual or a Partner shall sign below.	Signature by either The Office of the Chancellor Or The University's Officer
Date Individual or Partner (Circle Title)	Title Date
If Professional is a CORPORATION, 2 signatures are required below. Date President or Vice President (Circle Title)	APPROVED AS TO FORM AND LEGALITY Date Legal Counsel Pennsylvania State System of Higher Education
Date Secretary or Treasurer (Circle Title)	Date Deputy General Counsel Commonwealth of Pennsylvania (Required if total value of Individual Work Order exceeds \$500,000) Contract Form Pre-Approved on [date] Date Deputy Attorney General Commonwealth of Pennsylvania

NOTES REGARDING SIGNATURES

- All signatures shall be dated.
- Names shall be typed below the signature lines.
- The titles of signers shall be indicated.

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