

SAMPLE WORK ORDER

 <p>STATE OF WASHINGTON OFFICE OF THE SECRETARY OF STATE ITPS WORK ORDER</p>	AGENCY WORK ORDER No.	CONTRACTOR'S DIS ITPS MASTER CONTRACT No.				
	P-12/141					
SECTION 1: PARTIES						
<p>This Work Order ("Contract") is entered into by the Office of the Secretary of State, (Purchaser), located at 520 E. Union St. SE, Olympia, WA 98504, and [Contractor] a corporation licensed to conduct business in the state of Washington, located at [Contractor's address] for the purpose of providing [Technical Service Category #]</p>						
SECTION 2: PURPOSE						
SECTION 3: STATEMENT OF WORK						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">WORK PERIOD OF PERFORMANCE START DATE</td> <td style="width: 20%;">END DATE</td> </tr> <tr> <td colspan="2"> <p>This Work Order may be extended by [XX] additional [one-year] period(s) or otherwise amended at the sole discretion of the Agency by written agreement between the parties hereto.</p> </td> </tr> </table>			WORK PERIOD OF PERFORMANCE START DATE	END DATE	<p>This Work Order may be extended by [XX] additional [one-year] period(s) or otherwise amended at the sole discretion of the Agency by written agreement between the parties hereto.</p>	
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SECTION 4: COMPENSATION						
<p><input checked="" type="checkbox"/> Check the appropriate Box and fill in the number of Workstations assigned, if applicable</p> <p><input type="checkbox"/> Compensation for work associated with this Project will be based on completion or percentage completion of <u>deliverables</u>.</p> <p><input type="checkbox"/> The deliverables associated with this Project cannot be clearly defined in advance. The Contractor will be compensated based on hourly rate(s) for work actually performed.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No The Contractor is assigned _ workstation(s) and assessed a workstation fee of \$xxx.xx per month for each workstation.</p>						
BUDGET						
	SKILL LEVEL	ESTIMATED HOURS	HOURLY RATE (IF APPLICABLE)	FLAT FEE (IF APPLICABLE)		
1						
(i.e., title of deliverable, not defined , etc.)						
2						
3						
(MAXIMUM COMPENSATION OF THIS WORK ORDER) TOTAL COST				\$		
AGENCY COST CODES						
MASTER INDEX	FUND	APPN INDEX	OBJECT	SUB-OBJECT	DOLLARS	
					\$	
					\$	
(MAXIMUM COMPENSATION OF THIS WORK ORDER) TOTAL COST					\$	

SECTION 5: SPECIAL TERMS & CONDITIONS

IN WITNESS WHEREOF, the parties have executed this Work Order.

By signing below AGENCY and the Contractor acknowledge that this Work Order is issued under the provisions of the State of Washington Department of Information Services Information Technology Professional Services Master Contract Program. The services authorized are within the scope of services set forth in the *Purpose* of the Master Contract between DIS and the Contractor. All rights and obligations of the parties are subject to and governed by the Master Contract including any subsequent modifications incorporated herein. The persons signing below warrant that they have the authority to execute this Work Order.

CONTRACTOR NAME		AGENCY	OFFICE OF THE SECRETARY OF STATE
ADDRESS		ADDRESS	6330 CAPITOL BLVD S PO BOX 40224 OLYMPIA, WA 98504-0224
EMAIL			
PHONE			
(Signature)		(Signature)	
(Date)		(Date)	
PRINT NAME		PRINT NAME	
TITLE		TITLE	
CERTIFICATE OF INSURANCE PROVIDED <input type="checkbox"/> YES <input type="checkbox"/> NO			
ENDORSEMENT PROVIDED <input type="checkbox"/> YES <input type="checkbox"/> NO			

Agency's Work Order Manager and the Contractor's Project Manager are responsible for and shall be the contact person for all communications/billings regarding performance of this Work Order.

CONTRACTOR PROJECT MANAGER		AGENCY WORK ORDER MANAGER	
ADDRESS		ADDRESS	
TELEPHONE NO.		TELEPHONE NO.	
E-MAIL		E-MAIL	