

SAMPLE WORK ORDER

	STATE OF WASHINGTON OFFICE OF THE SECRETARY OF STATE ITPS WORK ORDER	PURCHASER WORK ORDER No.	CONTRACTOR'S DES ITPS MASTER CONTRACT No.
		P-12/123	WR 12-46

SECTION 1: PARTIES

This Work Order ("Contract") is entered into by and [Purchaser] located [address], 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 #]

SECTION 2: PURPOSE

SECTION 3: STATEMENT OF WORK

WORK PERIOD OF PERFORMANCE START DATE: _____ **END DATE** _____

This Work Order may be extended by [XX] additional [one-year] period(s) or otherwise amended at the sole discretion of the PURCHASER by written agreement between the parties hereto.

SECTION 4: COMPENSATION

Check the appropriate Box and fill in the number of Workstations assigned, if applicable

☐ Yes ☐ No The Contractor is assigned _ workstation(s) and assessed a workstation fee of \$xxx.xx per month for each workstation.

BUDGET

TASKS/DELIVERABLES		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					\$

PURCHASER 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 Purchaser 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 DES 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		PURCHASER	
ADDRESS		ADDRESS	
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			

Purchaser'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		PURCHASER WORK ORDER MANAGER	
ADDRESS		ADDRESS	
TELEPHONE NO.		TELEPHONE NO.	
E-MAIL		E-MAIL	