

WORK ORDER FORM

CITY OF MONTROSE

DATED: _____

Work Order Number: _____

Purchase Order Number: _____

Project Title: _____

Commencement Date: _____

Completion Date: _____

Maximum Fee: (time and reimbursable direct costs): _____

Project Description:

Professional agrees to perform the services identified above in accordance with the terms and conditions contained herein and in the Independent Contractor Services Agreement between the parties. In the event of a conflict between or ambiguity in the terms of the Independent Contractor Services Agreement and this work order the Independent Contractor Services Agreement shall control.

Service Provider:

By: _____

Date: _____

City of Montrose:

Submitted By: _____ (Project Manager)

Date: _____

Approved by purchasing: _____

Date: _____

Project Manager - Attach quote to this and turn in to Accounts Payable to match up with Invoice for payment.