



OFFICE OF THE CHANCELLOR
52 Chambers Street - New York, NY 10007

Please print this form, complete the hard copy, and send it to the purchaser of services

SYSTEMWIDE PROFESSIONAL SERVICES REQUIREMENTS
CONTRACT WORK ORDER

This work order is required prior to issuing a purchase order to ensure that the region/operation center/school/office and the vendor are in agreement as to the terms of the purchase. No purchase order will be issued without a complete and signed work order. This work order does not replace the contract terms. Rather, it explains the terms for this specific engagement.

Pricing and services must be wholly consistent with the terms and conditions of the contract.

VENDOR NAME:
ADDRESS:
CONTACT:
TEL./FAX:
E-MAIL:

Date Issued _____

District # _____ School _____

Contract # _____ Vendor # _____

I hereby certify that the attached scope of work accurately and completely describes the work to be performed and is consistent with the terms of the above-referenced contract.

Authorized Vendor Signature

Date

Signature of Principal/Superintendent or designee

Date

.....FOR DEPT. OF EDUCATION USE ONLY.....

Purchase Order Number _____

Location Code _____

SAMPLE

Date Issued _____ Contract # _____

Scope of Work
(Make copies as necessary)

Services to be delivered. For each service, include service description, number of recipients, location of service, date(s) of service, deliverables, if any, as well as unit, cost, number of units to be purchased and the total cost of the units. Please refer to the sample.

CREATING A MUSEUM IN THE SCHOOL – Students will actively

Participate in the creation of a museum/gallery in PS. 88. 5 sessions,

11/10/02-11/14/02, 25 students, \$50 per students.

Unit	Unit Cost	# Units	Total Cost
Student	\$50	25	\$1,250

PROFESSIONAL DEVELOPMENT WORKSHOPS – Teachers will be

Receiving 4 workshops in music, theater and the visual arts. 12/1, 12/5-12/6,

And 12/8/02. 15 teachers, \$100 per workshop.

Workshop	\$100	4	\$400
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TOTAL COST	\$1,650
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Date Issued _____

Contract # _____

Scope of Work

(Make copies as necessary)

Services to be delivered. For each service, **include service description, number of recipients, location of service, date(s) of service, deliverables, if any, as well as unit, cost, number of units to be purchased and the total cost of the units.** Please refer to the sample.

Unit

Unit Cost

Units

Total Cost

**TOTAL
COST**