WORK ORDER FORM

PART I - WORK ORDER INFORMATION

CONTRACTOR:		**CONTRACT NO.:**	
FACILITY NAME:		**TASK ORDER NO.:**	
FACILITY LOCATION:		**INITIATOR:**	
WO REQUEST NO:			
WORK ORDER DATE:		**PAYMENT BOND REQUIRED? (OVER $35K)**	

Work Order Work Plan:

CEHNC Safety Compliance

Safety AHA **One of these boxes must be checked:**	☐	Contractor confirms there is a USACE accepted AHA associated with the work being performed in this WO included in the APP. AHA identification number:
	☐	Contractor acknowledges there is NOT an AHA associated with the work being performed in this WO included in the APP. AHA is attached for review with the WO.
Check if applicable:	☐	Contractor acknowledges there is an activity associated with the WO that requires an additional plan or program. Plan is attached for review with the WO.
Competent Person **One of these boxes must be checked:**	☐	Contractor confirms the competant person has an appointment memo approved on file and will be documented on the AHA prior to start of work.
	☐	There is an appointment memo and proof of qualifications attached to this WO for review and approval.

Contractor Signature:

PART II - COST SUMMARY

PRIME CONTRACTOR LABOR

Labor Classification	Reg Labor Hours	Regular Labor Rate	OT Labor Hours	OT Labor Rate	Firm-Fixed Price Labor (Y or N)	Total Regular Labor	Total OT Labor
Site Supervisor							
SSHO/QC							
TOTAL FFP LABOR							

PRIME CONTRACTOR PARTS/MATERIALS/SUPPLIES/EQUIPMENT

Description	Manf	Part #	Qty	Unit	Unit Price	Amount
TOTAL MATERIALS						

SUBCONTRACTS	Cost	Total
Subcontract Labor		
From Sheet 2		
Subcontract Travel		
From Sheet 2		
Subcontract Materials		
From Sheet 2		
Total Subcontractor Price		**$0.00**

Totals		
Labor Total		
Materials Cost		
Shipping		
Material Handling		
Bond Fees		
Prime Total		
Subcontract Total		
Prime Contractor WO Fee	0.00%	
Subcontractor Markup	0.00%	

TOTAL COST **$0.00**

PART III - AUTHORIZATION

Firm-Fixed Price (FFP)
(This Work Order)
$_____

I concur this work is a validated requirement.

DESIGNATED GOVERNMENT REPRESENTATIVE: **DATE:**

Work Order Authorized

CONTRACTING OFFICER

CLIN/SUB-CLIN: **SIGNATURE:** **DATE:**

RECEIPT AND ACCEPTANCE IS HEREBY ACKNOWLEDGED

CONTRACTOR **SIGNATURE:** **DATE:**

PART IV - CERTIFICATION OF SERVICES

I certify that the services under the above Work Order have been satisfactorily completed.

QUALITY ASSURANCE EVALUATOR **SIGNATURE:** **DATE:**

Inbrief Conducted: **Outbrief Conducted:**

DATE/TIME WORK COMPLETED

FOR FINAL BILLING *OVERTIME*
LABOR TO BE CHARGED ( ) Yes ( ) No

Distribution:

PART V - Final Acceptance

CONTRACTING OFFICER **SIGNATURE:** **DATE:**

Distribution:
1 copy: COR
1 copy: US Army Engineering & Support Center, Attn: _____

See Attached 9203-16 Rev A

Labor	$	-
Rental Equipment	$	-
MSE handling fee	$	-
Profit	$	-
Total	$	-
Subcontractor	$	-
Subcontractor Handling Fee	$	-
Total	$	-
SubContractor Total	$	-
Travel	$	-
G&A on Travel	$	-
Travel Total	$	-
Materials	$	-
MSE handling fee	$	-
profit	$	-
Tax	$	-
Materials Total	$	-
Total	$	-