

**ATTACHMENT 9
TASK ACCEPTANCE DOCUMENT (T.A.D)**

CONTRACTOR _____

CDCR CONTRACT _____ TAD NUMBER: _____

TASK TITLE: _____

TASK COMPLETION DATE: _____

TOTAL COST OF APPROVED \$ _____

DESCRIPTION OF TASKS:

CDCR'S ACCEPTANCE OR REJECTION:

AUTHORIZED AND APPROVED:

CONTRACTOR / DATE

CDCR USER PROJECT MANAGER /
DATE

Note: Once the Contractor and the CDCR User Project Manager, or a selected representative, has approved the TAD as stipulated in the Agreement, the Contractor may submit an invoice to the CDCR.