

Work Order Authorization

Contract #:

WOA #:

Contractor:

POLICY AND RESEARCH

Summary of requested work:

Completion criteria:

Work location:

CONTRACTOR

Staff (name or title)	Hours	Rate	Total
		\$ / hour	\$
		\$ / hour	\$
		\$ / hour	\$
		\$ / hour	\$
		\$ / hour	\$



Work Order Authorization

Total cost not to exceed: \$

Estimated date of completion:

By signing below, Contractor agrees to perform the services described in this Work Order Authorization in accordance with all terms and conditions of the Contract, and acknowledges that this Work Order Authorization is governed by the Contract and all documents incorporated therein.

Name

Signature

POLICY AND RESEARCH

Approved by:

Name

Signature

