

DPMC AGENCY CONSULTANT WORK ORDER

PROJECT TITLE, FACILITY

NAME & LOCATION: _____

CONSULTANT'S NAME: _____

DPMC AGENCY CONSULTANT CONTRACT NO.: _____

AGENCY WORK ORDER NO.: _____

EFF. DATE OF CONTRACT: _____

EXPIRATION DATE: _____

PROJECT DESCRIPTION:

ITEMS IN THIS BOX ARE TO BE COMPLETED BY THE AGENCY CONSULTANT
PERSONNEL CATEGORY

TASK/PHASE	HOURLY RATE *	\$	\$	\$	\$	\$	\$	\$	TOTALS PER TASK
	LEVEL	7	6	5	4	3	2	1	
	HRS								
	AMT	\$	\$	\$	\$	\$	\$	\$	\$
	HRS								
	AMT	\$	\$	\$	\$	\$	\$	\$	\$
	HRS								
	AMT	\$	\$	\$	\$	\$	\$	\$	\$
	HRS								
	AMT	\$	\$	\$	\$	\$	\$	\$	\$
	HRS								
	AMT	\$	\$	\$	\$	\$	\$	\$	\$
	HRS								
	AMT	\$	\$	\$	\$	\$	\$	\$	\$
TOTALS	HRS								
	AMT	\$	\$	\$	\$	\$	\$	\$	\$

Six (6) sets of design documents are to be included in the rates utilized for each submission. No additional fees will be paid for reproduction unless the number of copies required exceeds six (6) per submission.

CONSULTANT SIGNATURE: _____

DATE: _____

ITEMIZE ALLOWANCES BELOW:

	\$ _____	1. TOTAL CONSULTANT FEE FOR THIS WORK ORDER	\$ _____
	\$ _____	2. TOTAL VALUE OF ALLOWANCES INCLUDED	\$ _____
TOTAL ALLOWANCES	\$ _____	3. TOTAL VALUE OF ADDITIONAL REPRODUCTION	\$ _____
TOTAL REPRODUCTION COSTS (If More than 6 sets)	\$ _____	4. TOTAL AMOUNT OF THIS WORK ORDER (LINE 1,2 & 3)	\$ _____

AGENCY CERTIFICATIONS: I hereby certify that this work order is: a) Independent of any other work order and does not violate the prohibition against segmenting projects to avoid exceeding the established limit of \$20,000; b) Does not exceed the aggregate contract limits of \$300,000 or contract expiration date; c) Submitted prior to initiation of the work unless an emergency situation existed, in which case, it is being submitted within 48 hours of the initiation of the work with attached justification from the appropriate client agency Director (Check Below).

EMERGENCY WORK ORDER (JUSTIFICATION FROM DIVISION DIRECTOR ATTACHED)

CERTIFIED AND APPROVED:

APPROVED:

CLIENT AGENCY REPRESENTATIVE

DATE

DPMC CONTRACT ADMINISTRATION

DATE