

WORK ORDER

This Work Order and any exhibit or attachment are subject to and incorporates all terms and conditions of the Master Services Agreement dated **Click here to enter a date.**

Contractor shall perform the following Services:

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-
-
-
- Cost: \$ **Total Cost or Rate for Work Order**
- Completion Date: **Click here to enter a date or type number of days**

Contractor shall obtain approval from **Name** prior to any changes in scope.

CONTRACTOR NAME

CITY OF COMMERCE CITY

Name, Title

Name, Title Based on Amount
Select Department

Date: _____

Date: _____

Recommended for approval:

Name, Title Based on Amount
Select Department

ATTEST

APPROVED AS TO FORM:

Dylan A. Gibson, City Clerk

Choose an Attorney