

Task Order Form (Cost Reimbursable Contracts)

TITLE:		PAGE OF		
1. CONTRACTOR:		2. CONTRACT NO.:		
3. TASK/REVISION NO.:		4. TASK ORDER TYPE: <input type="checkbox"/> CPFF <input type="checkbox"/> CPIF <input type="checkbox"/> CPAF		
5. DBE/SBE /M/WBE VALP COMMITMENT FOR TASK ORDER:	7. T.O. \$ HISTORY THIS ACTION AMT.: PREVIOUSLY APPROVED AMT.: NEW \$ TOTAL:	COST	FEE	TOTAL
6. PERIOD OF PERFORMANCE:				
Except as otherwise expressly provided herein, the Contractor shall to perform the work described below in accordance with all of the terms and conditions of the Contract referenced above.				
8. SUMMARY OF WORK TO BE PERFORMED FOR TASK ORDER (SOW ATTACHED):				
9. TASK DOCUMENTATION REQUIREMENTS/DELIVERABLE/ MILESTONE ITEMS:			10. MILESTONE/DELIVERABLE SCHEDULE	
11. PAYMENT PROVISIONS:				
12. PROJECT MANAGER:			PHONE:	
AUTHORIZED SIGNATURES				
13. CONTRACTOR'S AUTHORIZED REPRESENTATIVE			14. Metro's AUTHORIZED REPRESENTATIVE	
<p align="center">_____ Signature</p> <p>Name (Printed): _____</p> <p>Title: _____</p> <p>Date: _____</p>			<p align="center">_____ Signature</p> <p>Name (Printed): _____</p> <p>Title: _____</p> <p>Date: _____</p>	

