



SERVICE AREA WORK ORDER FORM

PO # _____
NEEDED TO COMPLETE WORK

SERVICE AREA: _____ CONTRACTOR: _____

DATE: _____ IFB / RFQ #: _____

DESCRIPTION OF WORK COMMISSIONER WRITTEN REQUEST OF WORK, USE STANDARD SPECIFICATION NUMBERS

LOCATION OF WORK WRITE A CLEAR AND ACCURATE DESCRIPTION OF WHICH ROADS WILL REQUIRE WORK

QUOTE TOTAL

QUOTE PROVIDED IS FOR ALL WORK REQUESTED IN THIS WORK ORDER AND SHALL NOT BE EXCEEDED WITHOUT WRITTEN AUTHORIZATION BY THE COMMISSIONER. RS REVIEW REQUIRED FOR ALL WORK ORDERS EXCEEDING **\$10,000.00**. BY SIGNING THIS FORM BOTH THE CONTRACTOR AND COMMISSION HAVE VERIFIED FUNDS ARE AVAILABLE ON THE P.O.

1) _____
CONTRACTOR SIGNATURE

DATE

2) _____
SERVICE AREA COMMISSIONER SIGNATURE

DATE

3) _____
RS ENGINEER \MANAGER SIGNATURE

DATE

CONTRACTOR'S ESTIMATION WORK SHEET

SPEC ITEM #	DESCRIPTION	UNIT PRICE	TOTAL

COST BREAKDOWN OF WORK

CONTRACTORS COMMENTS

	QUOTE TOTAL