## WORK ORDER FORM PURSUANT TO CONTRACT #PUR0416-175 BETWEEN THE CITY OF CEDAR RAPIDS AND CONTRACTOR

Date: Work Order Number \_\_\_\_\_ Purchase Order Number, if applicable \_\_\_\_\_ Project Title and Address \_\_\_\_\_ Completion Date \_\_\_\_\_ Commencement Date Project Description: Scope of Services: NOT TO EXCEED COST ESTIMATE: \*\* \$ \*\* Contractor shall attach an itemized cost summary, to include estimated labor hours and materials Bill to: Contractor agrees to perform the services above and on the attached forms (if applicable) in accordance with the terms and conditions contained and incorporated in the bid documents. In the event of a conflict between ambiguity in the terms of the bid documents and this work order, the bid document shall control. Contractor, Authorized Signature: Date: The purchase order will be the document that authorizes this work to begin City of Cedar Rapids Contact Name: Phone: Email: \_\_\_\_\_\_