WORK ORDER FORM PURSUANT TO CONTRACT #PUR1116-092 BETWEEN THE EASTERN IOWA AIRPORT AND CONTRACTOR

Date:	
Work Order Number	Purchase Order Number, if applicable
Project Title and Address	
Commencement Date	Completion Date
Project Description:	
Scope of Services:	
NOT TO EXCEED COST ESTIMATE	E: **
NOT TO EXCEED COOT ESTIMATE	Ψ
** Contractor shall attach an itemiz	red cost summary, to include estimated labor hours and materials
Bill to:	
the terms and conditions contained	rvices above and on the attached forms (if applicable) in accordance with and incorporated in the bid documents. In the event of a conflict between uments and this work order, the bid document shall control.
Contractor, Authorized Signature:	Date:
The purchase order will be the docum	nent that authorizes this work to begin
The Eastern Iowa Airport Contact	Name: Phone:
	Email: