

WORK ORDER FORM
PURSUANT TO AN AGREEMENT BETWEEN
THE CITY OF CEDAR RAPIDS
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: ** \$

**** 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: _____