



AGREEMENT FOR SERVICES TO BE PERFORMED

PERMIT NUMBER \_\_\_\_\_

SECTION 1: AGREEMENT

This agreement made and entered into by and between Kentucky Department of Highways, party of the first part, and \_\_\_\_\_, party of the second part.

WITNESSETH:

WHEREAS, the party of the second part has requested the party of the first part to perform the hereinafter described services, and

WHEREAS, the party of the first part has agreed to perform said services at the expense of the party of the second part.

NOW THEREFORE, it is hereby agreed between the parties hereto as follows:

- (1) The party of the first part does agree to perform the hereinafter described services and does agree to request reimbursement from the party of the second part for the actual costs incurred in rendering said services.
(2) The party of the first part agrees that the herein described services are to be performed on or about

\_\_\_\_\_ Date (optional)

- (3) The party of the second part does agree to be liable to the party of the first part for the actual costs of the herein described services and to pay the actual costs of said services upon being invoiced for said services by the party of the first part.

SECTION 2: SERVICES TO BE PERFORMED

ADDRESS \_\_\_\_\_

DESCRIPTION OF SERVICES (Please limit to 2 lines of text for accurate printing.)

[Empty box for description of services]

ESTIMATION OF COSTS FOR SERVICES TO BE PERFORMED

Table with 2 columns: Cost Category (Contract Cost, Labor Cost, Equipment Rental Cost, Travel Cost) and Amount. Includes a 'TOTAL' line and a note: 'Note: Due to fluctuation in costs, estimated amount is subject to change.'

IN TESTIMONY WHEREOF, witness the duly authorized signatures of the parties hereto this

\_\_\_\_\_ Day/Month/Year

\_\_\_\_\_ Party of the First Part

\_\_\_\_\_ Title

Approved as to form and legality.

\_\_\_\_\_ Party of the Second Part

\_\_\_\_\_ Title

\_\_\_\_\_ KYTC Legal Services



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**TASK ORDER DATA SHEET**

Please forward Pages 1 and 2 to the Division of Accounts  
Phone: 502-564-7334 Fax: 502-564-5621

**SECTION 3: APPLICANT CONTACT INFORMATION**

COUNTY _____	LOCATION OF TASK ORDER _____
SECOND PARTY NAME _____	FEDERAL ID/SSN: _____ <i>(If Applicable)</i>
SECOND PARTY ADDRESS _____	
SECOND PARTY CONTACT _____	PHONE _____

**SECTION 4: KYTC INFORMATION**

KYTC EMPLOYEE OVERSEEING TASK _____	
PHONE NUMBER _____	
FAX NUMBER _____	
PERSON(S) POSTING TASK ORDER CHARGES _____ _____ _____	
START DATE _____	ESTIMATED END DATE _____
SUBMITTED BY _____ District Bookkeeper	DATE _____

**SECTION 5: FUNDING INFORMATION (Please fill out as completely as possible.)**

FUND	DEPT	UNIT	LOCATION	FUNCTION	SUB-FUNCTION	ACTIVITY	OBJECT	TASK ORDER
	625							

ISSUED BY _____ Central Office Accounts Staff	DATE _____
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