



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.)*

ESTIMATION OF COSTS FOR SERVICES TO BE PERFORMED

CONTRACT COST	_____	COST PER PURCHASE ORDER	_____
LABOR COST	_____	Note: Due to fluctuaction in costs, estimated amount is subject to change.	
EQUIPMENT RENTAL COST	_____		
TRAVEL COST	_____		
			TOTAL

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: _____
(If Applicable)

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 _____ DATE _____
District Bookkeeper

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 _____ DATE _____
Central Office Accounts Staff

PHONE: 502-564-7334

FAX: 502-564-5621