**REQUEST FOR TASK ORDER**

Choose an item.

Please select one of the options below:

**[ ]**  **NEW** Task Order Request *(Contracts Department will assign Task Order Numbers, this field can be left blank below)*

**[ ]**  **REVISION** (Active Task Order) **[ ]**  **REVISION** (Task Order Closeout)

|  |
| --- |
| **COMPLETE THIS FORM AND ATTACH IN PMIS WHEN INITIATING THE WORKFLOW** |
| **(ALL INFORMATION MUST MATCH EXACTLY AS IT APPEARS IN PMIS)** |
|  |  |
| **Contract No.:** |       | **Task Order No.:** |       |
|  |
| **CONSULTANT:** |       | **REVISION No.:** |       |
|  |
| **COLLEGE:** |  | **PROJECT ROLLUP:***(EG: 02E-261)* |       |
|  |
| **SUB-Project Name:** |       | **sUB-PROJECT No.:***(eg: 02E-261.00)* |       |
|  |
| **FINANCIAL ID:***(eg: 52E.4261.02)* |       | **gL No.:***(eg: 6200-550-00)* |       |
|  |
| **Effective DateS OF THIS TASK ORDER:** |       |  | **THROUGH\*:**       |
| *\*When requesting a Task Order Revision, the effective start date must remain the same as the original Task Order.*  *The end date may not exceed 5 years from the start date.* |

**SCOPE OF SERVICES, EXHIBITS, AND REFERENCE DOCUMENTS**

|  |
| --- |
| **sCOPE OF sERVICES (ENTER BELOW OR PROVIDE LOCATION IN r: dRIVE):** |
|       |
|  |
| **complete list of EXHIBITS AND/OR reference documents (ENTER BELOW OR PROVIDE LOCATION IN r: dRIVE):** |
|       |

|  |
| --- |
| **COMPENSATION SUMMARY (MUST MATCH THE SCHEDULE OF VALUES IN PMIS)*****(If Base Services are broken up into multiple lines in PMIS, use the combined values below)*** |
|  |
| **BASIC sERVICES FEE: NEW TASK ORDER OR AMOUNT BASED ON THE MOST RECENT APPROVED task order REVISION** | **$**0.00 |  |
| **BASIC sERVICES FEE: AMOUNT OF THE INCREASE/DECREASE FOR THIS REVISION** | **$**0.00 | *(Ignore if New Task Order)* |
| **basic services fee: Proposed total after this revision** | **$ 0.00** |  |

|  |  |  |
| --- | --- | --- |
| **Reimbursable(s): FOR NEW TASK ORDER OR AMOUNT BASED ON THE MOST RECENT APPROVED task order REVISION** *(if applicable)* | **$**0.00 |  |
| **Reimbursable(s): AMOUNT OF THE INCREASE/DECREASE FOR THIS REVISION** *(if applicable)* | **$**0.00 | *(Ignore if New Task Order)* |
| **Reimbursable(s): Proposed total after this revision** *(if applicable)* | **$ 0.00** |  |

|  |  |  |
| --- | --- | --- |
| **Cumulative Amount of this task order:** | **$ 0.00** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Prepared by:** |       |  |       |
|  | **(Print Name)** |  | **(Title)** |
| **Reviewed by:** |       |  |  |  |       |
|  | **CPT Cost Analyst (Print Name)** |  | **Signature** |  | **Date** |

**Approvals of this Task Order Request and all details/documentation provided will be registered in PMIS**

**A separate Request for Task Order shall be completed for each Project.**

**If other Request for Task Orders are associated with this one, identify the project workspace on the line below (or N/A)**

|  |  |  |
| --- | --- | --- |
|  |       |  |