TERM CONTRACT NUMBER: XXXXXX WORK AUTHORIZATION NUMBER: XX

Professional: Name of Firm Address

City, State, Zip

Attention: Contact Name Email: Contact Email

TERMS AND CONDITIONS:

Services shall be rendered in accordance with the terms and conditions specified in Contract XXXXXX.

PROJECT DESCRIPTION:

Name of Project (Project # / CR #)

SCOPE OF SERVICES:

In accordance with Term Contract XXXXXX, the Professional and it's subconsultants shall provide:

- Scope of Work
- Services to be Performed

PROVISIONS FOR PAYMENT:

The Owner shall pay, and the Professional agrees to accept, as compensation for the Professional's Required Services, the following amounts at the successful submission of each deliverable of the Professional's Required Services:

<u>Deliverable</u>	Dollar Amount	
Deliverable 1	\$X,XXX.00	LS
Deliverable 2	\$XXX.00	ΑE
Deliverable 3 (and so on)	\$XX,XXX.00	LS
Reimbursable Expenses (if applicable)	\$XXX.00	ΑE
Total	\$XX,XXX.00	NTE

AE = Actual Expense LS = Lump Sum NTE = Not to Exceed

COMPLETION DATE:

The Professional Services described in this Work Authorization shall be completed on or before Month Day, Year.

Approved:		Date:	
	Authorized Officer Dormitory Authority of the State of New York		
/Initials			
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Dormitory Authority – State of New York