

TASK ORDER

(Formerly Reservation Request)

New PO
 ACPN MSA CONTRACT
 New PO - Supplemental Services ACPN
Funding sources for ALL services must be confirmed and a PO created PRIOR to the start of any services. THIS IS DISTR!

Vendor Name: _____ Vendor Remittance Address (must match address on file with vendor #): _____

School Name: _____ Location Code: _____ Local District: _____

School Address: _____ Phone: _____ Fax: _____

Principal Name/Email: _____ Sch Adm Asst (SAA) Name/Email: _____

Lead Teacher Name/Email: _____ Trad 3Track 4Tr

NEW PO: Description of Services and Service Dates: _____

Prog Code: _____	Amount: \$ _____
Prog Code: _____	Amount: \$ _____
Prog Code: _____	Amount: \$ _____

PO # _____ **Sub-Total - New PO \$** _____

ACPN MSA CONTRACTS: Fill in the following ACPN MSA information:

Master Service Agreement (MSA) Contract # _____ Services Dates (Month, Day, Grade Level): _____

Price per Package per MSA Contract: \$ _____ How many packages being contracted on this Task Order: _____

Prog Code: _____	Amount: \$ _____
Prog Code: _____	Amount: \$ _____
Prog Code: _____	Amount: \$ _____

PO # _____ **Sub-Total - ACPN MSA Contract \$** _____

New PO - Supplemental Services ACPN: Fill in the MSA contract # and service dates above and the information below:

ACPN Program Components	Prog Code	Amount	Prog Code	Amount	Total Cost
1. Additional ACPN Instructional Time		\$ _____		\$ _____	\$ _____
2. Additional ACPN Planning Time		\$ _____		\$ _____	\$ _____
3. Additional Performance/Exhibition/Field Trip		\$ _____		\$ _____	\$ _____
4. Additional ACPN Professional Development		\$ _____		\$ _____	\$ _____
5. Additional ACPN Resources		\$ _____		\$ _____	\$ _____

PO # _____ **Sub-Total - New PO Supplemental Service ACPN \$** _____

TOTAL - ALL SERVICES \$ _____

Principal's Signature: _____ (All signatures affixed to this document are binding responsibility for activities and costs related to the Task Order)

Contractor's Signature: _____ (All signatures affixed to this document are binding responsibility for activities and costs related to the Task Order)

Contract _____ of _____ (may not exceed limit of MSA contract) Confirmed by District Administration: Initialed by: _____

ICT POLICY

Vendor Number:

Elem Middle
 High Other

rack SLC

Date:

Date:

