



**MASTER SERVICES AGREEMENT
TASK AUTHORIZATION**

PO Box 386
Bluffton, SC 29910

PROJECT NAME:

MSA NUMBER:

VENDOR:

PURCHASE ORDER NO:

ORG / OBJECT / PROJECT CODE:

AVAILABLE CONTRACT BALANCES (IF APPLICABLE):

DESCRIPTION OF WORK TO BE PERFORMED:

REQUESTED BY:

Provide estimate before proceeding with work.

Proceed with work.

ESTIMATED # OF MAN HOURS TO COMPLETE WORK _____

ESTIMATED COSTS OF MATERIALS (LESS MARKUP) \$ _____

ESTIMATED TOTAL AMOUNT OF PROJECT \$ _____

NUMBER OF DAYS TO COMPLETE THE PROJECT: _____ DAYS

SCHEDULE OF WORK TO BE PERFORMED: _____ START DATE _____ END DATE

Contractor Representative

Town Representative

Date