****

**HECO-3.1a**

**SERVICE ORDER #** to **TERM CONTRACT #**

Date: M/D/Y

**University**: The Rector and Visitors of the University of Virginia

Address: (U.S. Mail)

P.O. Box 400892

Charlottesville, VA 22904-4892

(Physical Address)

 One Morton Drive, Suite 301

 Charlottesville, VA 22903

**Firm**:

Address:

Project Name:

Work Order #       Project #        Purchase Order:

This Service Order is issued in conjunction with and as a part of Term Contract      , dated       inclusive of pages       thru      , and Memorandum of Understanding dated       inclusive of pages       thru       appended thereto, which are incorporated herein by reference.

A detailed description of the Scope of Work is described in the firm’s proposal letter dated , attached and incorporated herein.

All applicable requirements relating to services provided as required by the University of Virginia Higher Education Capital Outlay Manual 11/3/2020 Edition shall apply to this Service Order.

The firm agrees to perform all services required for the completion of the work required by this Service Order for the fee amount of  Dollars ($), which sum shall include the cost of all usual project expenses such as travel, long distance telephone, and printing expenses as indicated in the Scope of Services.

In witness thereof, the undersigned have executed this agreement on the dates indicated.

**For the University of Virginia:** **For Firm**:

­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mark Stanis Name

Director, Capital Construction & Renovations Title

*(Required for Service Orders $50K or more)*

­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Date Signed) (Date Signed)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name

Division Associate Director

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Date Signed)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Manager Name

Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Date Signed)

Contract Administrator for Professional Services \_\_\_\_\_\_\_

Office of Contract Administration Services Associate Director \_\_\_\_\_\_\_

**SUMMARY OF SERVICE ORDERS**

**Beginning Balance:**

**Balance Forward:**

|  |  |  |  |
| --- | --- | --- | --- |
|  **No.** | **Date** | **Description** | **Amount** |
|       |       |       |       |
|  **Cumulative Total** |       |

 **Balance Remaining**