

LYNCHBURG REDEVELOPMENT & HOUSING AUTHORITY

TASK ORDER

ORDERED BY: _____ TELEPHONE: _____ FAX: _____

CONTRACTOR: _____ TELEPHONE: _____ FAX: _____

WORK REQUESTED @ UNIT ADDRESS: _____

AGREED UPON: START DATE: _____ COMPLETION DATE: _____

CONTRACTOR'S PROPOSAL & ACKNOWLEDGMENT OF TASK ORDER

Attach on Contractor's form a full detail of all Repair work to be completed.

SERVICE	EST QTY	U/M	RATE	EXTENDED \$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			TOTAL:	\$

Submitted By: _____

Signature _____ Date _____ Printed Name _____

LRHA's EVALUATION OF CONTRACTOR'S WORK PERFORMANCE

1. Rate this Contractor's work performance: SATISFACTORY _____ NOT SATISFACTORY _____
2. Justification regarding rating of Contractor's work performance—JUSTIFICATION MUST BE COMPLETED IF RATED NOT SATISFACTORY. (Attach supplemental page if necessary):

Rated By: _____

Signature _____ Date _____ Printed Name _____

AFTER THE WORK IS COMPLETED, A FULLY COMPLETED COPY OF THIS FORM MUST BE FORWARDED TO ACCOUNTING.