



Task Assignment

NOTE: This form cannot be used for "Y" Agreements

All terms and conditions of this agreement are in full force and effect for this Task Assignment document.

On-Call Agreement Manager Information

Agreement No. <i>(To be filled in by Agreement Manager)</i>	
Task No.	
Amendment	

Agreement Manager	Phone	Org.	Mailstop
Mailing Address			

Project Manager Information

Project Manager	Phone	Org.	Mailstop
Mailing Address			

Project Information

Project Title	
State Route No(s).	County(s)

Task Schedule

Task Start Date	Task End Date
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← No payment will be made for work done **PRIOR** to Task Start Date or for work done **AFTER** Task End Date

Task Cost

This section required if there is Fed. Aid Part.

Work Order No.	Org. Code	Amount	Fed. Aid Part.?		Fed. Aid Project No.	Fed. Aid Part. %
			<input type="radio"/> Yes	<input type="radio"/> No		
			<input type="radio"/> Yes	<input type="radio"/> No		
			<input type="radio"/> Yes	<input type="radio"/> No		
			<input type="radio"/> Yes	<input type="radio"/> No		
			<input type="radio"/> Yes	<input type="radio"/> No		
			<input type="radio"/> Yes	<input type="radio"/> No		
			<input type="radio"/> Yes	<input type="radio"/> No		

Amended Task Amount →

Total Task Amount →

Entity			Contact		
Address					
Phone	Fax	E-Mail		Federal I.D. No.	

Approval Signatures ******Note: Two original signed Documents are required.******

Entity

Washington State Department of Transportation

Agreement Manager

Agreement No.:

Task No.:

Amendment:

Scope of Task Assignment

Provide detailed Scope of Work, timeline (if applicable) and cost estimate.

Report Due Date

Distribution: Originals: Accountant

Copies: File

Other _____

Task Manager _____