**CONSULTANT**

**WORK ORDER PROPOSAL**

|  |
| --- |
| Agreement Number:        |

|  |  |
| --- | --- |
| Consultant Name: |        |
| Address: |        |

|  |  |  |  |
| --- | --- | --- | --- |
| Contact Person Technical: |        | Phone: |        |
| Contact Person Accounting: |        | Phone: |        |
| Vendor Number: |        |  |
| DCNR Project Title & Location: |        |
| DCNR Project Number: |        |
| DCNR Project Coordinator: |        |
| DCNR Work Order Number: |        |
| **Task #** | **Task Description** | **Cost** | **% of Total** |
| Task 1 |        | $ 0.00  |         |
| Task 2 |        | $ 0.00  |         |
| Task 3 |        | $ 0.00  |         |
| Task 4 |        | $ 0.00  |         |
| Task 5 |        | $ 0.00  |         |
| Task 6 |        | $ 0.00  |         |
| Task 7 |        | $ 0.00  |         |
| Task 8 |        | $ 0.00  |         |
| Task 9 |        | $ 0.00  |         |
| Task 10 |        | $ 0.00  |         |
| **Consultant Sub Total** | $ 0.00  |   |
|  |  |  |
| **Sub Consultant Name** |  | **Fee** |  | **Overhead& Profit** |  | **Cost** | **% of Total** |
|        |  | $ 0.00  | (+) |  0.00  |  | $ 0.00  |         |
|        |  | $ 0.00  | (+) |  0.00  |  | $ 0.00  |         |
|        |  | $ 0.00  | (+) |  0.00  |  | $ 0.00  |         |
| **Sub Consultant Sub Total** | $ 0.00  | 100% |
|  |  |  |
| **Reimbursable Expenses Not to Exceed** |  |  |
| **For Consultant** | $ 0.00  |
| **For Sub Consultant** | $ 0.00  |
| **Work Order Total** | $ 0.00  |