**SUB-CONSULTANT**

**WORK ORDER PROPOSAL**

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

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

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Contact Person Technical: | |  | | Phone: |  | | | | | |
| Contact Person Accounting: | |  | | Phone: |  | | | | | |
| 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 | | |  |
| **Sub-Consultant Sub Total** | | | | | | $ 0.00 | | 100% | | |
|  | | | | | | | | | | |
| **Reimbursable Expenses Not to Exceed** | | | | | | $ 0.00 | | |  | |
|  | | | | | | | | | | |
| **Sub-Consultant Total** | | | | | | $ 0.00 | | | | |