



WOA Number:

Amendment:

Title of WOA:

Date:

Work Description:

Tasks and Work Products:

Costs:

Not-to-Exceed Cost					
	Staff Name	Classification	Labor Hours	Rate Per Hour	Cost
1					
2					
				Not-to-Exceed Cost Total	

Acceptance Criteria:

State Responsibilities:

Approvals:

These tasks will be performed in accordance with this WOA including any accompanying documentation, if applicable and the provisions of the Contract.

**State of California**

**Contractor**

\_\_\_\_\_  
Representative Name

\_\_\_\_\_  
Representative Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date