



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