



WORK ORDER REQUEST FORM

SECTION 1 – BASIC INFORMATION

HCA Senior Account Sponsor Name:	Work Order Request Date:
HCA Senior Account Sponsor Phone #:	Contract #:
Work Order # (HCA Contracts Only):	Work Order Amendment# (HCA Contracts Only):
Work Order Title:	
<u>Check One:</u> (double-click to check box)	
<input checked="" type="checkbox"/> Establish New Work Order:	<input type="checkbox"/> Revision to Existing Work Order
Type of Revision Requested: (if applicable)	
<u>Double-click to check box:</u>	
<input type="checkbox"/> Revision to Scope of Work (describe changes in Section III)	
<input type="checkbox"/> Budget Increase/Decrease	
<input type="checkbox"/> Change in Key Personnel	
<input type="checkbox"/> Time Extension	
<input type="checkbox"/> Contractor Hours Increase/Decrease	
<input type="checkbox"/> Other: <u>Specify:</u>	
Work Order Period Start Date:	Work Order Period End Date:
Contractor Organization Name: ASB	
Contractor Key Contact Name:	Contractor Key Contact Phone #:

SECTION II – BUDGET AND COST

Total Cost of Amendment: (do not complete if establishing a new work order)	# of Hours of Amendment: (if applicable) Total # of Hours this Amendment: (i.e. # of hours +/- by this amendment)	Type of Hours Requested: (if applicable) <u>Double-click to check box:</u>
Total Cost of Work Order: N/A (i.e. Not-to-exceed cost)	Total # of Hours of Work Order (if applicable) Total # of Hours this Work Order: (i.e. Not-to-exceed hours)	<input type="checkbox"/> Programming Hours <input checked="" type="checkbox"/> Support Hours <input type="checkbox"/> Testing Hours <input checked="" type="checkbox"/> Special Studies <input type="checkbox"/> Other: <u>Specify:</u>

SECTION III – SCOPE OF WORK

Description of Services/Tasks to be Completed by the Contractor:

Purpose:



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Description of Deliverables:

Work Order Delivery Date:

SECTION IV – APPROVAL OF WORK ORDER

HCA Account Sponsor:

HCA Account Sponsor Name: Leanna Olive

Signature:

Date:

Contract Organization Account Executive:

Contract Organization Account Executive Name:

Signature:

Date:

HCA PEB Portfolio Manager: **Not final until signed by PEB Portfolio Manager or designee**

HCA PEB Portfolio Manager Name (or designee):

Signature:

Date:

ASB Account Manager:

ASB Account Manager Name (or designee):

Signature:

Date:

SUBMIT WORK ORDER REQUEST FORM TO HCA PEBB ACCOUNTING, HCA CONTRACTS, AND CONTRACTOR ONCE ALL APPROVALS HAVE BEEN OBTAINED.

SECTION V – CLOSEOUT

HCA Senior Account Sponsor:

Actual Work Order Delivery Date:

Date:

Uniform Medical Plan Acceptance of Final Product(s):

YES NO

Date:

Final Invoice Received?

YES NO

Date:

HCA Senior Account Sponsor:

Signature:

Date:

SEND COMPLETED WORK ORDER TO HCA CONTRACTS OFFICE FOR OFFICIAL-FILE-OF-RECORD ONCE CLOSEOUT HAS BEEN FINALIZED.