DIR-CPO-XXXX APPENDIX D

SERVICE AGREEMENT

ENGAGEMENT CONTRACT ORDER FORM

Customer Name:

Customer Address:

This Order Form shall be governed by the terms of the STATE OF TEXAS DEPARTMENT OF INFORMATION RESOURCES CONTRACT (CONTRACT NUMBER DIR-CPO-XXXX) dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (the “Contract”) between the State of Texas, acting by and through the Department of Information Resources and <Successful Respondent Name> (“Successful Respondent Name”). In the event of any conflicts between this **Appendix D Service Agreement** and the Contract, the Contract will prevail. Capitalized terms used but not defined herein have the meanings given to them in **Appendix A, Standard Contract Terms and Conditions**.

# SERVICES

## <Successful Respondent Name’s> Obligations

### Scope of Services

<Successful Respondent Name> will provide the following services to Customer (“Services”):

<(Describe Services including schedule)>

# **RATES AND PAYMENTS**

## Labor Rates

Services shall be provided under this Order Form in accordance with **Contract** Section 3 Products.

<(List Technician Level(s), Rate (Rates are inclusive of the Department of Information Resources Administrative Fee) Hours, and Total Labor Fee.)>

## Travel, Meals, and Lodging Reimbursement

Rates for Services do not include travel, meals, and lodging.

## Payment Type

To the extent allowable by the Contract the Services are provided on a time and materials (“T&M”) basis; that is, Customer shall pay <Successful Respondent Name> for all of the time spent performing such Services. <Successful Respondent Name>will bill for time and materials no more often than once every thirty (30) days. <Successful Respondent Name> acknowledges that Customer is an entity exempt from the imposition and collection of Texas sales taxes under Section 151.309 Texas Tax Code. Any estimate related to the Services performed under this Order Form is intended only to be an estimate for Customer’s budgeting and <Successful Respondent Name>’s resource scheduling purposes. Once fees for Services reach this estimate, <Successful Respondent Name> will cooperate with Customer to provide continuing Services on a T&M basis.

## Purchase Order

The purchase order will reference CONTRACT NUMBER DIR-CPO-XXXX.

## Purchase Order Number

Purchase Order number. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has been provided to <Successful Respondent Name> as of execution date of this Order Form.

## Invoicing

All fees will be invoiced monthly and will be payable within thirty (30) days of the receipt of invoice, and in accordance with Chapter 2251, Texas Government Code.

## Customer Billing Accounts Payable Contact/Mail Invoices To:

Name:

Address:

Telephone:

Fax:

E-mail:

# PROJECT INFORMATION

## Customer Facility Location

Name:

Address:

## <Successful Respondent Name>/Contact Information

Name:

Address:

Telephone:

Fax:

E-mail:

## Customer Project Manager/Contact Information

Name:

Address:

Telephone:

Fax:

E-mail:

## <Successful Respondent Name> Contract Manager/Contact Information

Name:

Address:

Telephone:

Fax:

E-mail:

(Insert Customer Name:)

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Effective Date: \_\_\_\_\_\_\_\_\_\_\_

<Successful Respondent Name>

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_