

WORKS AUTHORISATION FORM REQUEST - to be completed by the Authority

- 1 Name: xxxxxx
Tel: xxxxxx
2. Contract Number: xxxxxx
3. Ad-hoc Task Number: xxxxxx
4. Description of ad-hoc Task:

SPO:
Receipt:

Title: xxxxxx

xxxxxx

Please provide a quotation (with full breakdown) and a timescale for the completion of the ad-hoc Task subject to the Terms and Conditions of Contract and in line with the Rates at Annex E2 to the Contract.

Name: xxxxxx

Signed: xxxxxx Date xxxxxx

(Project Manager)

5. **TIMESCALE**

6. **SIGNATURE**

NAME:

POSITION: **xxxxxx**

Signed Date
(for and on behalf of the Contractor)

TASK AUTHORISATION FORM AUTHORISATION/CANCELLATION
to be completed by the Authority

AUTHORISATION TO PROCEED OR CANCELLATION

I hereby confirm my acceptance/cancellation of your quotation dated ... for the completion of Task Number and request you to proceed.

Firm Price: £

Completion Date

Name

Name

Signed

Signed

(Project Manager)

(Commercial Manager)

Date

Date

Copy to:

XXXXXX

TASK COMPLETION

Task Number:

This is to certify that the above task has been completed to the satisfaction of the Project Manager. hrs have been expended and payment of £ may now be claimed.

PROJECT MANAGER	
NAME	
POST TITLE	
SIGNATURE	
DATE	
RECEIPT NO	

On completion of Appendix 4, copies of approved TAFs are to be sent to:

Contractor

Commercial Branch (See Box 1 of the Appendix to Contract – DEFFORM 111)

xxxxxx (See Box 11 of the Appendix to Contract – DEFFORM 111).