

EXTRAORDINARY TASK FORM NO:

Contractor's Reference:

Date Pt 1 Raised:

Title:

PART 1 – TASK SPECIFICATION

To: **Contractor**

TASK DESCRIPTION (including supporting information):

Activities:

Deliverables (including quantities where applicable):

Delivery, Consignee and Packaging Requirements:

Acceptance Requirements:

Additional Terms and Conditions, where required by the Authority:

Date Required by:

RAISED BY CONTRACTOR /AUTHORITY* (* Delete as applicable):

Name:.....Position.....

Signed:.....Date:.....

AUTHORITY APPROVAL

Name:.....Position.....

Signed:.....Date:.....

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PART 2 – CONTRACTOR'S OFFER

To: Authority:

The Contractor's Firm Price quotation for the above Task in accordance with DEFCON 643 is £.....(Ex VAT)/as follows*:

Labour Role	FY (add columns for additional FYs)		Total
	Rate	Man Days	
Eg Project Admin			
Sales			
Quality			
Servicing			
Others to be added, as required			
Materials	Cost Per Unit	Cost	Total
Expenses (per Employee)	Rate	Cost	Total

- a. an overall timescale/completion date, detailing dates of all deliverables required/proposed to be supplied, supported by a project schedule where appropriate;
- b. a compliance matrix showing the Contractor's compliance with the requirements detailed at Part 1 or a suitable statement confirming full compliance; and a statement confirming compliance with the terms and conditions of the contract or identifying any proposed changes for the Authority's consideration;
- c. proposed packaging specifications, if appropriate;
- d. any applicable assumptions, dependencies or exclusions;

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e. details of any requirements for GFA;

f. Sales Return, and any proposed arrangements for payment by the Contractor to the Authority, if appropriate; and

g. Any specific risks and proposed mitigation.

THIS QUOTATION IS VALID UNTIL (DATE):

Options

CONTRACTOR'S AUTHORISING OFFICER

Name:.....Position.....

Signed:.....Date:.....

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PART 3 - INTERNAL APPROVAL (Not required when an internal Business Case is raised)**A. DESA COMMODITY MANAGER / REPRESENTATIVE**

I confirm that the direct labour hours and the material elements of the Firm Price quotation are commensurate with the work involved.

Name:.....Position.....

Signed:.....Date:.....

B. SIGNED FOR DESA FINANCE

I confirm that Sufficient Funds exist under the UIN/RAC/LPC and a Requirement Scrutiny has been undertaken.

Name:.....Position.....

Signed:.....Date:.....

D. DESA COMMERCIAL APPROVAL

Required for all Tasks before commencement of work

Name:.....Position.....

Signed:.....Date:.....

Part 4 (MOD PROJECT & FINANCE)

UIN	RAC	£ EX VAT	VAT Industry Code	LPC (P9/Proj Name)

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Part 5 CONTRACTUAL APPROVAL

To: Contractor:

Authorisation is given to proceed with the work detailed in Parts 1 and 2 of this form, as follows:

AGREED FIRM PRICE

£..... (Ex VAT)

AGREED DATE for Satisfactory Completion of All Deliverables:

EXTRAORDINARY TASK FORM NO:

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Title:

PART 6 - CERTIFICATION OF COMPLETION OF TASK

To: **Authority**

CONTRACTOR'S DECLARATION:

DATE TASK COMPLETED on:

Name:.....Position.....

Signed:.....Date:.....

To: **Contractor**

AUTHORITY'S ACCEPTANCE OF COMPLETION

I confirm that the task has been satisfactorily completed.

Name:.....Position.....

Signed:.....Date:.....