

Contract No: 701547457 (Formerly referred to as FsASTC/00138)

For: C17 – Synthetic Training Service

SCHEDULE H TASKING FORMS

Schedule H to Contract Number 701547457

COURSE BOOKING FORM

	TASK AUTHORISATION FORM - COURSE BOOKING					
	TASK DETAILS, COST INFORMATION AND CONTRACTOR APPROVAL SHEET					
		Contract No:	701547457	Issue No:		
Со	ntractor:					
		Task No:		Date:		
		Task No.		Date.		
Ta	sk Title:					
	DESCRIPTION OF AUTHOR	RITY REQUIREMENT				
	TASK DESCRIPTION		Required	Delivery Schedule		
	THORESON TION		rtequilea	Delivery Correctance		
	Signed for and on behalf of the Authority:					
Z						
SECTION	Name:					
\Box						
S	Position:					
	Date:					
	DESCRIPTION OF CONTRACTOR'S PROPOSAL					
N 2	TASK	Number of hours	Delivery Schedule			
	17.6.1	rambor of floars				
SECTION						
S						
S						

OFFICIAL

Schedule H to Contract Number 701547457

COURSE BOOKING FORM

	CONFIRMATION OF CONTRACTOR COSTS (priced in accordance with Schedule P) _:		
3N 3			
SECTION 3			
SE			
	Signed for and on behalf of the Contractor:		
	Name:		
	Position:		
	Date:		

Schedule H to Contract Number 701547457

COURSE BOOKING FORM

	PROJECT AUTHORISATION TO PROCEED – The Contractor is authorised to provide the servidetailed above in accordance with the terms and conditions of the Contract. Signed for and on behalf of the Authority:					
	Name	Signature	Position	Date		
ON 4						
SECTION	COMMERCIAL AUTHORISA service detailed above in wit of the Authority:					
	Name	Signature	Position	Date		

Schedule H to Contract Number 701547457

COURSE BOOKING FORM

	DESCRIPTION	OF TASK COM	IPLETION (TO BE COMPLETED BY THE AUTHORITY)		
	TASK		Number of hours	DELIVERY SCHEDULE	
SECTION 5	TASK COMPLETION (CONTR accordance with the Terms and Contractor:				
SE	Name:	Signature		Position:	Date:
	completed in a authorised and	ccordance with	the Terms and Condition	s is to confirm that the abou ons of the Contract and pay irt of the Total Monthly Pay	ment has been
9	Name:	Signature:		Position:	Date:
SECTION					
	been complete been authorise	d in accordance	with the Terms and Co may now be submitted	This is to confirm that the onditions of the Contract an as part of the Total Monthl	d payment has
	Name:	Signature:	·	Position:	Date:

OFFICIAL

	TASK AUTHORISATION FORM - STE BOOKING				
	TASK DETAILS, COST INFORMATION AND CONTRACTOR APPROVAL SHEET				
		Contract No:	701547457	Issue No:	
Со	ntractor:				
		Task No:		Date:	
		Tuon no.		Dato	
	quirement for STE at the				
ITC					
Ta	sk Description:				
	DESCRIPTION OF AUTHOR	RITY REQUIREME	NT		
	STE	Number of hours	Required Date		
		0			
_	Signed for and on behalf of the	ne Authority:			
SECTION	Name:				
SEC	Position:				
	Date:				
	DESCRIPTION OF CONTRA	CTOP'S PPOPO	21		
N 2	STE STE	Number of hours		and time	
SECTION					
CE					
S					

Schedule H to FsASTC/00138

STE BOOKING FORM

CONFIRMATION OF CON	NTRACTOR COSTS (priced in accordance with Schedule P) _:
Signed for and on behalf	
Name:	
Position:	
Date:	
	Signed for and on behalf of the Contractor: Name:

Schedule H to FsASTC/00138

STE BOOKING FORM

	PROJECT AUTHORISATION TO PROCEED – The Contractor is authorised to provide the servidetailed above in accordance with the terms and conditions of the Contract. Signed for and on behalf of the Authority:					
	Name	Signature	Position	Date		
ON 4						
SECTION	COMMERCIAL AUTHORISA service detailed above in wit of the Authority:					
	Name	Signature	Position	Date		

Schedule H to FsASTC/00138

STE BOOKING FORM

	DESCRIPTION OF TASK COMPLETION				
	STE		Number of hours	Date and time	
TION 5	TASK COMPLETION (CONTRACTOR) - This is to certify the above task has been completed in accordance with the Terms and Conditions of the Contract. Signed for and on behalf of the Contractor:				
SECTION	Name:	Signature		Position:	Date:
	TAOK COMPL	ETION (DDO IF			
	completed in a	ccordance with t	CT AUTHORITY) - This the Terms and Condition	ns of the Contract and	payment has been
	authorised and invoicing may now be submitted as part of the Total Monthly Payment. Signed for and on behalf of the Authority:				
9 Z	Name:	Signature:		Position:	Date:
SECTION 6					
SE					
			ERCIAL AUTHORITY) with the Terms and Co		
		d and invoicing on behalf of the	may now be submitted Authority:	as part of the Total Mo	onthly Payment.
	Name:	Signature:		Position:	Date:
				1	1

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