

# Los Angeles Unified School District

Date:

## ORDER FORM FOR PROFESSIONAL SERVICES UNDER MASTER SERVICES AGREEMENT (MSA)

Master Services Agreement No. \_\_\_\_\_

RX \_\_\_\_ MSA \_\_\_\_\_

Contractor: \_\_\_\_\_

School, Local District or  
Office \_\_\_\_\_  
Principal or Local District Superintendent or  
Administrator \_\_\_\_\_

Date \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

Fax ( ) \_\_\_\_\_

Title \_\_\_\_\_

THE AGGREGATE AMOUNT OF ALL ORDERS UNDER THIS AGREEMENT SHALL NOT EXCEED  
\$ \_\_\_\_\_

1. PERIOD For Performance  
of Services \_\_\_\_\_ - \_\_\_\_\_

Not to exceed AMOUNT: \$ \_\_\_\_\_  
(of this ORDER)

2. Location(s) where services will be performed.

3. Description of Services  
(Must be consistent with Exhibit A to MSA. Attach additional pages if more space is needed.)

4. Name(s) and title(s) of individual(s) providing the services.

5. Payment Schedule (Must be consistent with Exhibit B to MSA.)

\$ \_\_\_\_\_ Per hour, for a total of no more than \_\_\_\_\_ hours.

\* \* \* \* \*

\_\_\_\_\_  
Signed by Principal or Administrator

\_\_\_\_\_  
Date

**CONTRACTOR**

\_\_\_\_\_  
Signed (authorized signatory)

\_\_\_\_\_  
Date

Title \_\_\_\_\_