WORK ORDER

Work Order No. ____________ by the _________________________ (name of school or office requesting services) is effective as of _____________, between the Los Angeles Unified School District (LAUSD) and CONTRACTOR, Contract No. ____________.

1. **Scope of Services:**

2. **Period of Performance:**

3. **Deliverables:**

4. **Staffing and Rates:**

Signature below confirms the services to be provided.

LOS ANGELES UNIFIED SCHOOL DISTRICT

MATHEMATICA POLICY RESEARCH

By: __________________________   By: __________________________
Name:  _______________________                Name:  _______________________
Title:    ________________________  Title:  __________________________
Date:   ________________________   Date:  __________________________