![Miami-Dade County Public Schools logo] **Miami-Dade County Public Schools** *giving our students the world*

JOB ORDER CONTRACTS SERVICE REQUEST
(Please print clearly)

FACILITY: _____ **LOC #:** _____

JOC PROJECT TITLE: _____ **REGION:** _____

ORIGINAL PROJECT # (if any): _____ BCC: ☐ BA ☐ RF ☐ SCP ☐ WAA ☐ MDCPS

ORIGINAL ARCHITECT/ENGINEER (if any): _____

FOR JOC USE ONLY:

JOC #: _____

COORD: _____

CONTR: _____

TYPE: _____ CONTRACT: JOC

PROJECT DESCRIPTION: Clearly, and in detail, explain the project scope. Include type of work and location of the work. Attach drawings and specifications (or as-builts) and cost estimate. If drawings are not available, provide sketch(es), FISH drawing(s), survey and any other related reports and/or documents.

_____
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_____
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☐ **SCOPE CHANGE** (Construction Officer's Authorization is required, see * below)

☐ **EMERGENCY or PRIORITY PROJECT:** Provide a brief justification statement.

_____
_____
_____
_____

DESCRIPTION OF SERVICES:

☐ Punch List
☐ Warranty
☐ Change Order
☐ Other _____
☐ A/E Services Required

SCOPE INCLUDES A/E ERRORS &/OR OMISSIONS: ☐ Yes ☐ No

ATTACHMENTS:

☐ Drawings, Specs or Sketches
☐ As-Builts
☐ Detailed Scope
☐ Punch List / Warranty List
☐ Other Documents
☐ Estimate

DESIRED PROJECT COMPLETION

☐ Date: _____

AUTHORIZATION *(It has been determined that Job Order Contracting is the best method for implementation of this work):*

PRINT NAME:	SIGNATURE:	DATE:
INITIATOR: PHONE:		
REGION EXECUTIVE DIRECTOR:		
EXEC. DIRECTOR/ PROJECT MANAGEMENT:		
*CONSTRUCTION OFFICER/ DESIGNEE:		

FUNDING *(Attach a detailed cost estimate):*

COST ESTIMATE: $	FUND:	OBJ:	LOC:	PROG:	FUNC:
ESTIMATE BY:	**BUDGET EXEC. DIRECTOR'S or** Designee's Approval Signature:				DATE:

FOR JOC USE ONLY:

ASSIGNED BY:	DATE:	INPUT BY:	DATE:

*REQUIRED FOR PROJECT SCOPE CHANGES