



AGREEMENT FOR SERVICES TO BE PERFORMED

TASK ORDER DATA SHEET

Please forward Pages 1 and 2 to the Division of Accounts
 Phone: 502-564-7334 Fax: 502-564-5621

SECTION 3: CONTACT INFORMATION

COUNTY Fayette LOCATION OF TASK ORDER KY 1974 MP 9.64-11.32

SECOND PARTY NAME LFUCG FEDERAL ID/SSN: _____
(If Applicable)

SECOND PARTY ADDRESS 101 E. Vine St. 4th Floor

SECOND PARTY CONTACT Keith Lovan PHONE 859-258-3478

NAME OF KYTC DISTRICT EMPLOYEE OVERSEEING TASK _____

DISTRICT PHONE NUMBER _____

DISTRICT FAX NUMBER _____

NAME OF PERSON(S) POSTING TASK ORDER CHARGES _____

START DATE _____ ESTIMATED END DATE _____

SUBMITTED BY District Bookkeeper DATE _____

SECTION 4: FUNDING INFORMATION (Please fill out as completely as possible.)

FUND	DEPT	UNIT	LOCATION	FUNCTION	SUB-FUNCTION	ACTIVITY	OBJECT	TASK ORDER
137Q	625		7	FE 04	34	T800	E389	

ISSUED BY Central Office Accounts Staff DATE _____

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