

LFUCG TASK ORDER NO. _____
UNDER LFUCG AGREEMENT WITH LAKE CUMBERLAND CDL TRAINING
SCHOOL, INC. FOR COMMERICAL DRIVER'S LICENSE (CDL) TRAINING

ORGANIZATION

LFUCG

Name	<hr/>	Lexington-Fayette Urban County Government
Street Address	<hr/>	<hr/>
City, State, Zip	<hr/>	Lexington, KY
Contact Person	<hr/>	<hr/>
Telephone	<hr/>	<hr/>
Fax	<hr/>	<hr/>
E-Mail	<hr/>	<hr/>
Task Order Date:	<hr/>	
Task Name:	<hr/>	
Task ID:	<hr/>	

SCOPE OF WORK/DELIVERABLES

SCHEDULE OF WORK

FEE

ACCEPTED BY:

AUTHORIZED BY:

Organization's Authorized Signature

LFUCG Authorized Signature

Date Signed

Date Signed

Two originals of this work order shall be executed by the LFUCG and returned to _____. A fully executed copy will be returned to the LFUCG.