

**TASK ORDER (T.O.) #**Click or tap here to enter text.

**Between**

**FHI Clinical Inc. And**

Click or tap here to enter text.

**under**

**MSA #:** Click or tap here to enter text.

Name of Contractor: Click or tap here to enter text.

Project Name: Click or tap here to enter text.

T.O. Number: Click or tap here to enter text.

PO#Click or tap here to enter text.

FHI Clinical PROJECT #: Click or tap here to enter text.

T.O. Total Value: Click or tap here to enter text.

T.O. Period of Performance: Click or tap here to enter text.

This Task Order represents the specific work associated with the Scope of Work in Attachment A of the Master Services Agreement. Contractor agrees to perform this Task Order in accordance with the terms and conditions set forth in the Master Services Agreement executed on Click or tap here to enter text.. The Parties therefore agree to the following terms and conditions:

**Article 1. SCOPE OF WORK**

The Contractor, as an Independent Contractor and not as an agent of FHI Clinical, will furnish necessary personnel, materials, services, equipment and facilities and all other items necessary to accomplish this Task Order. The Scope of Work for this Task Order is as follows:

**Article 2. Task order Budget**

The specific items ordered for this Task Order have been selected from Attachment B, Price List in the Agreement. The costs below are in support of the Scope of Work for this Task Order. The Contractor may not bill any additional costs not identified in the Task Order budget. Rates shall remain fixed throughout the life of this Task Order unless otherwise modified by the FHI Clinical Procurement Associate or Contract Manager.

Estimated labor is follows:

|  |  |  |  |
| --- | --- | --- | --- |
| ***Labor (Name/Position)*** | ***Quantity/Unit***  ***Hours*** | ***Hourly Price/Rate*** | ***Estimated***  ***Total Fees*** |
| Labor |  |  |  |
| **Estimated Labor Total:** | | |  |

**Article 3. Reporting**

The Contractor will communicate with the designated FHI Clinical designated representative on an as needed basis to report progress to Twanna Davis.

**ARTICLE** **4. PAYMENT**

Contractor will provide FHI Clinical with monthly invoices to cover fees and expenses. All expense reports will be accompanied by receipts. Final Payment shall be made upon full and satisfactory delivery of all deliverables in ARTICLE 1. Payment will be made to the Contractor within 30 days of FHI Clinical’s receipt of appropriate invoice and any supporting documentation which may be required by FHI Clinical.

Invoices should be sent to the following:

FHI Clinical

359 Blackwell Street

Suite 200

Durham, NC 27701, USA

Email: [grsfinance@fhiclinical.com](mailto:grsfinance@fhiclinical.com)

In witness of their agreement and their acceptance of the terms and conditions of the Master Services Agreement and this Task Order #Click or tap here to enter text., FHI Clinical and the Contractor have caused this Task Order to be executed by their duly authorized representatives:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Authorized by and accepted for**  **FHI Clinical Inc.** | |  | **Authorized by and accepted for**  **Contractor** | |
|  |  |  |  |  |
| Signature | Date |  | Signature | Date |
|  |  |  |  |  |
|  | |  |  | |
| Name |  |  | Name |  |
|  |  |  |  |  |
|  | |  |  | |
| Title |  |  | Title |  |