

## ORDER FORM

<b>Authority:</b>	Derbyshire County Council
<b>Service Address:</b>	County Hall, Matlock, Derbyshire, DE4 3AG
<b>Invoice Address:</b>	
<b>Contact Ref:</b> <b>Email:</b> <b>Telephone number:</b>	
<b>Order Date:</b>	

<b>Provider:</b>	
<b>Address:</b>	
<b>For the attention of:</b> <b>E-mail:</b> <b>Telephone number:</b>	

<b>1. SERVICE REQUIREMENTS</b>
<b>(1.1) Services Required:</b>
<b>(1.2) Service Start Date:</b>
<b>(1.3) Price Payable by Authority:</b>
<b>(1.4) Date payment(s) will be made and amount of each payment:</b>
<b>(1.5) Service Completion Date:</b>

<b>2. PERFORMANCE OF THE SERVICES [AND DELIVERABLES]</b>
<b>(2.1) Key Personnel of the Provider to be involved in the Services:</b>
<b>(2.2) Outputs:</b>
<b>(2.3) Outcomes:</b>
<b>(2.4) Monitoring Data:</b>

**BY SIGNING AND RETURNING THIS ORDER FORM THE PROVIDER AGREES** to enter a legally binding contract with the Authority to provide the Services specified in this Order Form in accordance with the terms and conditions set out in the Framework Agreement.

For and on behalf of the Provider:-

Name and Title	
Signature	
Date	

For and on behalf of the Authority:-

Name and Title	
Signature	
Date	

**FOR INTERNAL OFFICE USE ONLY:**

<b>PURCHASE ORDER NUMBER:</b>						
<b>COST CENTRE</b>						
<b>DETAIL CODE</b>						
<b>SAP VENDOR NUMBER</b>						