**2016 Edition**

**SE-230**

**TRANSMITTAL OF SMALL PROFESSIONAL SERVICES CONTRACT**

***FOR INFORMATION ONLY***

**AGENCY:**

**PROJECT NAME:**

**PROJECT NUMBER:**

**PERSON OR FIRM SELECTED**

**NAME:**

**ADDRESS: Street/PO Box**:

**City:**       **State:**       **ZIP:**      -

**EMAIL:**

**TELEPHONE:**       **FAX:**

**BUDGETARY INFORMATION**

1. **TOTAL PROJECT BUDGET: $**
2. **Construction Budget for this Contract:**

*(including Construction Contingency):* **N/A [ ]  $**

1. **total Basic and additional Services Fees**

**for this Contract:** **$**

1. **Estimated Reimbursables for this Contract:** **$**
2. **SUM OF ALL FEES PAID TO THIS PERSON/FIRM IN THE**

**PAST 24 MONTHS** (*not including Reimbursables*): **$**

**BY:**  **DATE:**

*(Signature of Agency Representative)*

**Print Name:**       **Title:**

**SUBMIT THE FOLLOWING DOCUMENTS TO OSE:**

1. SE-230

2. Copy of signed contract with SE-240, SC Small Professional Services Contract Terms and Conditions attached

OSE PM: DATE: