**SE-630**

**TRANSMITTAL OF SMALL PROFESSIONAL SERVICES IDC**

***FOR INFORMATION ONLY***

**AGENCY:**

**PROJECT NAME:**

**PROJECT NUMBER:**

**FIRM SELECTED**

**NAME:**

**CITY:**       **STATE:**

**EMAIL:**       **TELEPHONE:**

**BUDGETARY INFORMATION**

1. **MAXIMUM ALLOWED INDEFINITE DELIVERY CONTRACT AMOUNT:** **$**
2. **total Basic and additional Services Fees for this Contract:** **$**
3. **Estimated Reimbursables for this Contract:** **$**
4. **SUM OF ALL FEES PAID TO THIS FIRM IN THE PAST 24 MONTHS**

(*excluding Reimbursables*): **$**

1. **TOTAL CONTRACT AMOUNT** (*sum of #2 and #3*): **$**

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

*(Signature of Agency Representative)*

**Print Name:**       **Title:**

**SUBMIT THE FOLLOWING DOCUMENTS TO OSE:**

1. Completed SE-630

2. Copy of signed SE-640 with signed proposal attached.

 **OSE PM: DATE:**