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| --- | --- |
| Virginia Institute of Marine Science  1375 Greate Road PO Box 1346 Gloucester Point, VA 23062 | Description: VimsLogo |

COMMITMENT AGREEMENT

|  |  |  |
| --- | --- | --- |
| Date | Services Performed By: | Services Performed For: |
| [Date] | Virginia Institute of Marine Science  [Department Name]  1375 Greate Road PO Box 1346 Gloucester Point, VA 23062 | [Client Name]  [Client Address] [City, ST ZIP Code][Email Address] |

# Period of Performance

The Services shall commence on [Click to select date], and shall continue through [Click to select date].

# Terms

This commitment form is to serve as [Client Name]’s written authorization for [Department Name] to perform services and/or contract with suppliers for the below described items or services. [Client Name]’s signature also indicates understanding of estimates, prices, terms and liability to Virginia Institute of Marine Science for said items or services. Alterations or revisions of above specifications involving extra costs will be executed only upon additional written orders.

# Description of Services

The following services are to be performed by [Department Name] for [Client Name] for the sum of \_\_\_\_\_\_\_\_\_\_\_\_\_\_:

| Item Description | Hourly Rate | Number of Hours | Resources | Estimated Cost | Total |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  | Estimated Total |  |

# Approvals

**IN WITNESS WHEREOF**, the parties hereto have executed this Agreement be effective as of the day, month and year first written above.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | [Client Name] |  |  | Virginia Institute of Marine Science |
| Authorized By: |  |  | Authorized By: |  |
| Print Name: |  |  | Print Name: |  |
| Print Title: |  |  | Print Title: |  |
| Phone: |  |  | Phone: |  |

**For Office Use Only**:

|  |  |  |
| --- | --- | --- |
| Bill To Address | Client Project Manager | Phone Number |
| [Client Address] [City, ST ZIP Code][Email Address] | [Project Manager Name] | [Phone Number] |
| Responsible Department | Department Project Manager | Phone Number |
| [Department Name] | [Department Project Manager Name] | [Department Phone Number] |