

<b>Client Name:</b>	Tarrant County Texas	<b>APU ID:</b>	307679
<b>Requested Date:</b>	08/15/2023	<b>Expiration Date:</b>	12/01/2023
<b>Customer No:</b>	21717	<b>Created by:</b>	Cardoza Catherine

**Prepared For:(Entity requesting work order)**

Entity Requesting Work Order: Tarrant County Texas  
Address: 100 E. Weatherford Street, Suite 303  
City: Fort Worth, Ft Worth  
State: TX  
Zip: 76102-0206  
Contact Name: Amanda McKernan (Admin Staff)  
Phone: 817-321-5388  
E-mail: AMMcKernan@tarrantcountytx.gov

**Send Invoice To:**

Paying Entity Name: Tarrant County Texas  
Address: 100 E. Weatherford Street, Suite 303  
City: Fort Worth, Ft Worth  
State: TX  
Zip: 76102-0206  
Contact Name: Amanda McKernan (Admin Staff)  
Phone: 817-321-5388  
E-mail: AMMcKernan@tarrantcountytx.gov

Project ID: 1753847

Task Description	Qty	Rate	Cost
EBO/HBI - Custom Reports (per hour). Remote eBO Service	4.0	\$200.00	\$800.00
Amount			\$800.00
Total Amount			\$800.00
Note: Quoted price subject to change if not signed prior to WO expiration date.			
Additional Notes: Full Payment is due in Net 30 days and will be in accordance with the Texas Govt. Chapter 2252, the Texas Prompt Payment Act.			

**eCW Acknowledgement:**

I have the authority to prepare this Work Order on behalf of eClinicalWorks. Upon receipt of a fully signed Work Order, this Work Order shall bind eClinicalWorks to the terms set forth herein.  
Signed By Catherine Cardoza on 08/15/2023 03:33 PM

**Work Order Sign Off:****Agreement:**

Full Payment is due in net 30 days. Invoice may contain shipping fees and Sales Tax. Undisputed invoices not paid by due date will be assessed 1.5% finance charges monthly. Install will not occur until payment is received.

**Acknowledgement:**

I, the undersigned, having authority to approve these charges have agreed to the amount listed above and understand that this Work Order is a binding contractual agreement. I hereby accept this Work Order. I understand that checking this constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.

Authorized Representative Name:  
Organization Name:  
Date of Execution:

**Comments :**

09152023

APPROVED AS TO FORM:

CERTIFICATION OF  
AVAILABLE FUNDS: \$ \_\_\_\_\_

Kimberly Colliot Wesley  
Criminal District Attorney's Office\*

\_\_\_\_\_  
Tarrant County Auditor

\*By law, the Criminal District Attorney's Office may only approve contracts for its clients. We reviewed this document as to form from our client's legal perspective. Other parties may not rely on this approval. Instead those parties should seek contract review from independent counsel.