**2016 Edition**

**SE-630**

**TRANSMITTAL OF SMALL PROFESSIONAL SERVICES IDC**

***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. **MAXIMUM ALLOWED IDC AMOUNT: $**
2. **total Basic and additional Services Fees**

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

1. **Estimated Reimbursables for this Contract:** **$**
2. **GUARANTEED MINIMUM PAYMENT *(if applicable):* N/A  $**
3. **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-630

2. Copy of signed SE-640, Professional Services Indefinite Delivery Contract OSE PM: DATE: