

**Legacy Engineering, Inc.  
PROJECT SET-UP SHEET**

**PROJECT NAME:**

--

**PROJECT LOCATION:**

**Purchase Order:**

**Date:**

--	--	--

**CLIENT AND INVOICING INFORMATION:**

Company Name:		Phone:	
Client Name:		Fax:	
Address:		Cell:	
		Email:	
State/Zip:		Contact:	

**INVOICING:**

*Responsible party for payment*

Name:		Email:	
-------	--	--------	--

**SITE CONTACT(S) for CLIENT/CONTRACTOR:**

Name	Company	Position	Phone	Email

**REPORT DISTRIBUTION: (All Reports will be sent electronically unless otherwise requested)**

Name	Company	Phone	Email	Address

**NOTES:**

Standard Terms and Conditions

All work performed by Legacy Engineering, Inc. will be performed in accordance with Legacy's "Standard Terms and Conditions" and will be invoiced utilizing Legacy's current standard unit rates unless noted otherwise. All invoices are **due upon receipt**. All testing and inspection work should be scheduled in advance of the particular activities, preferable at least 24 hours in advance. Please call Dispatch at (904) 735-1100 to schedule services.

Reports

To assure proper report distribution and invoicing, please provide and/or review the information requested above in detail, then sign and date the Project Set-Up Sheet and return it to Legacy Engineering, Inc. The form can be emailed to receptionist@legacyengineeringinc.com.

Acknowledgement

By signing below, the signer acknowledges they have read the "Standard Terms and Conditions" and that they have read all the information and the information provided above is accurate and true.

**Client Signature:** \_\_\_\_\_

**Date Signed:** \_\_\_\_\_

**Client Name:** \_\_\_\_\_