MASTER SERVICE AGREEMENT TABLE UPDATE FORM

The Commonwealth of Massachusetts
Office of the Comptroller
Attention: Procurement Unit
Revised As Of: 06/09/92

Department/ Organization Name

MSER

Action: Entry *(E)* Modify *(M)* 1	Dept 2	MSA Number 3	Obj 4	Title 5

Text Ind 6	MSA Start Date 7	MSA End Date 8	Change Date Ind 9

MSVR

MSA Number 10	Vendor Code 11	Vendor Name 12

Vendor Address 13	Business Address 14

LN 15	Region 16	Service Code 17	Service Description 18	Service Unit 19	Rate 20	Prog Code 21	Prog Number 22

Start Date 23	End Date 24

LN	Region	Service Code	Service Description	Service Unit	Rate	Prog Code	Prog Number

Start Date	End Date

LN	Region	Service Code	Service Description	Service Unit	Rate	Prog Code	Prog Number

Start Date	End Date

PAGE _____ *OF* _____

Prepared By: 25 Title: _____ Date: _____

Approved By: 26 Title: _____ Date: _____ Phone : _____

Entered at CTR By: 27 Title: _____ Date: _____

MASTER SERVICE AGREEMENT TABLE UPDATE FORM

The Commonwealth of Massachusetts
Office of the Comptroller
Attention: Procurement Unit
Revised As Of: 06/04/92

Department/ Organization Name

MSER

Action: Entry *(E)* Modify *(M)*	Dept	MSA Number	Obj	Title

Text Ind	MSA Start Date	MSA End Date	Change Date Ind

MSVR

MSA Number	Vendor Code	Vendor Name

Vendor Address	Business Address

LN	Region	Service Code	Service Description	Service Unit	Rate	Prog Code	Prog Number

Start Date	End Date

LN	Region	Service Code	Service Description	Service Unit	Rate	Prog Code	Prog Number

Start Date	End Date

LN	Region	Service Code	Service Description	Service Unit	Rate	Prog Code	Prog Number

Start Date	End Date

PAGE _____ *OF* _____

Prepared By: _____ Title: _____ Date: _____

Approved By: _____ Title: _____ Date: _____ Phone : _____

Entered at CTR By: _____ Title: _____ Date: _____

THE COMMONWEALTH OF MASS. JSET.S.
COMPTROLLER'S DIVISIO.

SERVICE CONTRACT INPUT FORM

DEPARTMENT / ORGANIZATION NAME
1

DOCUMENT ID								
TRANS	DEPT	R/ORG	NUMBER	SC DATE	ACCTG PRD	BUD F Y	ACTION ENTRY (E) MODIFY (M)	
SC	2	3	4	5	6	7		8

VENDOR CODE	NAME	COMMENTS	VEND TYPE
9	10	11	12

READY PAYMENT NUMBER	READY PAYMENT START DATE:	READY PAYMENT END DATE:
13	14	15

DOCUMENT TOTAL	CONTRACT RENEWAL AMOUNT	FY OUTSIDE PAYMENT	ANNUALIZATION
16	17	18	19

LN	REFERENCED DOC ID					REF SERVICE AGMT	DEPT	ORG	S/ORG	APPROP	SUB	OBJ	S/OBJ	PROG
20	TRANS 21	DEPT 22	ORG 23	NUMBER 24	LN 25	26	27	28	29	30	31	32	33	34

STATUS	TY	PROJ/CL/GRC	RPTG	SERV CD	SERV UNIT	DATES OF SERVICE TO	OUT-YR OBLIGATION
35	36	37	38	39	40	41	42

CAPACITY	NUM UNITS	I/D	RATE	I/D	LINE AMOUNT	I/D	P/F	READY PAYMENT
43	44	45	46	47	48	49	50	51

LN	REFERENCED DOC ID					REF SERVICE AGMT	DEPT	ORG	S/ORG	APPROP	SUB	OBJ	S/OBJ	PROG
	TRANS	DEPT	ORG	NUMBER	LN									

STATUS	TY	PROJ/CL/GRC	RPTG	SERV CD	SERV UNIT	DATES OF SERVICE TO	OUT-YR OBLIGATION

CAPACITY	NUM UNITS	I/D	RATE	I/D	LINE AMOUNT	I/D	P/F	READY PAYMENT

PREPARED BY	52	TITLE	DATE
APPROVED BY	53	TITLE	DATE
ENTERED BY	54	TITLE	DATE

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SC 50M 9/08 81252