

Statement of Work

This Statement of Work is between _____ (“Facility”) and Kansas Adult Care Executives, Inc., in accordance with and subject to the terms of that certain Master Service Agreement between Facility and KACE (“Agreement”). Payment for the first two hours of work must be paid for prior to KACE providing service.

Date: _____

Work To Be Completed:

Price for Service:

Additional Terms:

Designated Representatives:

KACE Designated Representative	Facility Authorized Designated Representative