

Exhibit A

Microsoft Consulting Services Work Order

(For Microsoft Internal Purposes Only) MCS (Non-Standard)- (Public Sector)	Work Order Number:
	Project Code:
	Client ID:
	Client Type:
	Vertical Industry:
	Customer Purchase Order Number:

This work order is made pursuant to the Microsoft Master Consulting Services Agreement (State & Local – Non-Standard), Agreement No. _____ (the “**agreement**”) effective as of _____, 2010, by and between the Virginia Information Technologies Agency (“VITA”) and the undersigned Microsoft affiliate (“**we**,” “**us**,” or “**our**”). The terms of the agreement are incorporated herein by this reference. Any terms not otherwise defined herein will assume the meanings set forth in the agreement. This work order is comprised of this cover page and the work order terms below, which are incorporated herein by this reference.

<i>Customer Invoice Information</i>			
Name of Customer	A/P Contact Name (This person receives invoices under this work order.)		
Street Address	Contact E-mail Address		
City	State/Province	Phone	
Country	USA	Postal Code	Fax
<i>Invoicing</i>			
We will invoice you according to our fiscal monthly billing schedule for services performed and expenses incurred during the previous period. Our invoices for payment will be directed to your representative for payment at the address shown above.			
<b style="background-color: yellow;">Customer must Select One:			
<input type="checkbox"/> Customer requires Purchase Order for payment of invoice: Please indicate Purchase Order No. here and send actual PO to Microsoft. _____			
<input type="checkbox"/> Customer does not require Purchase Order for payment of invoice. Provide Accounts Payable Name and Phone No. _____			
<hr/>			
Source to confirm Per Diem limits – hotel, rental car, meals, etc. (if applicable):			
Contact Name:	Contact E-mail address:	Contact phone No.:	
Web site address:			

Period of Performance

Services under this work order will commence on or around the Effective Date contained herein. This work order will expire on ____, ____. In order for us to continue work after the expiration date, you and we must agree in writing to a new work order or an amendment to this work order identifying the new expiration date and any other terms upon which you and we agree.

Payments to Microsoft should be made to the following, include reference to our invoice number:
By Check: Microsoft Enterprise Services, P.O. Box 844510, Dallas, TX 75284-4510, or if by overnight delivery, Microsoft Enterprise Services, Lockbox #844510, 1401 Elm Street, Fifth Floor, Dallas, TX 75202
By Wire: Microsoft Enterprise Services #844510, Acct 3750825354/ ABA#0260-0959-3, Bank of America, N.A.
By ACH: Microsoft Enterprise Services, Acct#3750825354/ ABA#11100001-2, Bank of America, N.A.

Attachments required with Invoice (Status Reports/Time /Expense Breakouts, Other):

Place of Performance/Project Point of Contact(Customer Satisfaction Contact)

Name of Customer	Project leader (This person is your point of contact for all service-related matters under this work order.)		
Street Address	Contact E-mail Address		
City	State/Province	Phone	
Country	USA	Postal Code	Fax

By signing below the parties acknowledge and agree to be bound to the terms of the agreement and this work order.

<i>Customer</i>	<i>Microsoft Affiliate</i>
Name of Customer (please print)	Name Microsoft Corporation
Signature	Signature
Name of person signing (please print)	Name of person signing (please print) David T. Gallagher
Title of person signing (please print)	Title of person signing (please print) Director of Contracts
Signature date	Effective Date