Clear Form

CHANGE ORDER CONSTRUCTION

Authorization C.O. No. _____

Contract No. _____ C.W.S. No _____

Date _____ District _____ Request No. _____

Total Amount _____ Work/Calender Days _____

Project No _____ FAP No. _____

Additional Federal Project Nos. _____ Amount _____

Request is hereby made (1) for funds to do the following Additional Work as an estimated cost as set forth below, and/or (2) to extend the time of completion of this Contract the number of days indicated below:

Project Description: _____

Route: _____

Location: _____

Project Limits: _____

Participation in cost by others ___ Yes ___ No OOC Control Number: _____
(except Design Consultant) PCS Control Number: _____

Third Party Name Amount Notified

Signature: _____
District Engineer Only

Approved: _____
Deputy Administrator
(Must sign if participation cost by others is YES)

Potential Consultant Liability ___ Yes ___ No
(If Yes, identify and attach applicable cost items.)

Approved: _____
Administrator
(all developer and local government agreements over $100,000)

		Work/Calendar Days
Original Contract Amount		
Authorized Redlines to date		
Total of Authorized COs		
Total of Unauthorized COs		
Redlines this CO		
Amount of this CO		
Total COs	$ 0.00	0
Percent of Original Contract		
Authorized Contract Amount	$ 0.00	0

CONTRACTOR'S ACCEPTANCE

THE TERMS AND CONDITIONS OF THIS CHANGE ORDER, INCLUDING THE AMOUNT AND THE TIME CONTAINED HEREIN, CONSTITUTE A FULL ACCORD AND SATISFACTION BY THE ADMINISTRATION AND THE CONTRACTOR FOR ALL COSTS AND TIME OF PERFORMANCE RELATED TO THE ACTIONS DESCRIBED OR REFERENCED HEREIN, INCLUDING BUT NOT LIMITED TO, DELAY AND IMPACT COSTS RESULTING FROM THIS CHANGE ORDER. EXCEPT AS AMENDED HEREIN, ALL PROVISIONS OF SAID CONTRACT REMAIN IN FULL FORCE AND EFFECT.

Date Contractor Title

Company: _____

Funds Available

Approved: _____
Date Assistant Director
Office of Finance and Information Technology

Approved: _____
Date Director - Office of Construction
(Up to 25% or 100 Days / $750,000 whichever is less)

Approved: _____
Date District Engineer
(Up to 10% or 50 Days / $500,000 whichever is less)

Approved: _____
Date Deputy Administrator
(Over 25% of up to 200 Days / $1,000,000 whichever is less)

Acknowledged: _____
Date Administrator
(Over $1,000,000 or 200 Days)

Item No.	Description	Qty.	Unit Price	Unit	Total
				0	$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
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					$0.00
					$0.00
					$0.00
					$0.00

This work is necessary for the following reason(s):