

## CHANGE ORDER

Sheet No. \_\_\_\_\_ of \_\_\_\_\_

Change Order No. \_\_\_\_\_

County \_\_\_\_\_

Route \_\_\_\_\_

To \_\_\_\_\_ Contractor

**Project** \_\_\_\_\_

You are hereby directed to make the following changes from the contract.

Job No. \_\_\_\_\_



1. Description and Reason for Change (Attach Supplemental Sheets if Required)

2. Estimate of Cost of work Affected by this Change Order.

(A) EST. LINE NO.	(B) CONTRACT ITEM NO.	(C) ITEM DESCRIPTION	(D) UNITS PREVIOUSLY PROVIDED FOR	(E) UNITS TO BE CONSTRUCTED	(F) UNITS OVERRUN, UNDERRUN, CONTINGENT	(G) CONTRACT OR AGREED UNIT PRICE	(H) AMOUNT OF OVERRUN OR PLUS CONTINGENT	(I) AMOUNT OF UNDERRUN OR MINUS CONTINGENT
						\$	\$	\$
						<b>TOTALS</b>	\$	\$

3. Cost Justification for items not bid in contract:

4. Other City Departments Consulted:

\_\_\_\_\_ Date \_\_\_\_\_  
Name

\_\_\_\_\_  
Department / Title

\_\_\_\_\_ Date \_\_\_\_\_  
Name

\_\_\_\_\_  
Department / Title

\_\_\_\_\_ Date \_\_\_\_\_  
Name

\_\_\_\_\_  
Department / Title

5. Settlement for Cost of the above Change to be made at Contract Unit Price Except as Noted:

1. CONTRACT AMOUNT		\$	The Terms of Settlement outlined above are hereby agreed to.
2. OVERRUN THIS ORDER	\$		
3. OVERRUN PREVIOUS	\$		CONTRACTOR
4. TOTAL OVERRUN TO DATE		\$	by : _____
5. TOTAL		\$	Date _____

Emergency Provisions of Change Order Policy Used      YES     NO     Date approved \_\_\_\_\_

Reason for Emergency and description of work approved \_\_\_\_\_

\_\_\_\_\_  
SUBMITTED ENGINEER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
\*APPROVAL DIRECTOR OF FINANCE    DATE

\_\_\_\_\_  
APPROVAL PROJECT MANAGER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
\*APPROVAL CITY MANAGER      DATE

\_\_\_\_\_  
APPROVAL SUPERVISOR/  
ENGINEERING REVIEWER

\_\_\_\_\_  
DATE

\*When applicable.

\_\_\_\_\_  
APPROVAL OF DEPARTMENT HEAD

\_\_\_\_\_  
DATE