



Project: (Name)

(Address)

To: (Contractor)

Change Order Number _____

Change Order Date _____

Contract Number _____

Contract Date _____

You are directed to make the following changes in this Contract:

Not valid until signed by both the Approving Authority and Contractor.

Signature of the Contractor indicated agreement herewith, including any adjustment of the Contract Sum or Contract Time.

The original Contract Sum was\$ _____

Net change by previous Change Orders\$ _____

The Contract Sum prior to this Change Order\$ _____

Net change by this Change Order:\$ _____

The new Contract Sum including this Change Order will be\$ _____

The Contract Time will be: **Increased** **Decreased** **Unchanged** by _____ working days

The new Contract Time will be _____ Working days

Contractor

By _____

Title _____

Date _____

Approval Recommended

Project Administrator

By _____

Date _____

Project Delivery Manager

By _____

Date _____

Approved

State Facilities Administrator

By _____

Date _____

Original to: Contractor

Copies to: Accounting Services Office

Project Administrator

Project Delivery Manager

Other: