Project Project No.

Contractor Contract No.

Architect Date

**CONTRACT CHANGE ORDER NO.**

Note: Give complete description of work. The documents supporting this Change Order, including any drawings and estimates of cost, are referenced hereon and made a part hereof. (Reference change proposal number, cost request bulletin number, field instruction number, change order request number, and any other documents as applicable. A copy of each shall be attached to the Trustees’ copy of this Change Order.)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| C**P****#** | **C****R****B****#** | **F****I****#** | **C****O****R****#** | **Description** | **Extra** | **Credit** | **Days****Ext.** |
|  |  |  |  | The Trustees have taken occupancy of the Project Name as of X:XX a.m. on Date XX, 201X, in accordance with Contract General Conditions, Article 4.09 (or 4.10, depending on GC version); Occupancy by Trustees Prior to Acceptance. The Trustees’ occupancy is not an acceptance of the Project; neither does it relieve the Contractor of full responsibility for correcting deficient Work. See attached punch list, consisting of x pages, for remaining items to be completed by the Contractor. {Include descriptions of any other special conditions: warranty starts, time extensions, transfer from BRIP to CSU property insurance, etc.} | $ | $ |  |
|  |  |  |  |  |  |  |  |
| Execution of this change order represents full and final costs of all direct, indirect, and delay costs for the scope of services identified hereon unless noted otherwise. |  |  |  |
|  | Totals | $ | $ |  |
| *I hereby certify upon my own personal knowledge that budget funds are available for this encumbrance.* |
|  |
| Accounting Officer Date |

|  |  |
| --- | --- |
| Approval Recommended  | Net Extra........$0 or |
|  Architect *(Architect approval not applicable to design-build project)* Date | Net Credit.......$0 |
| Contractor Agreement |  |
| *The undersigned hereby agrees to the above-described amendment of the contract.* | Calendar days time extended: 0 |
|   | Revised Completion Date:  |
| *(Legal firm name of Contractor)*  | Copies to: |
|  Signature Title DateNote: The Contractor's name shall be as listed on the contract. All signatures must be signed in ink.Trustees’ Approval  Approved ($0 to $20,000) Title Date | *•••••**•* | *Construction Administrator**Contractor**Architect/Engineer**University**Project Manager or*  *Construction Inspector**Other (specify):* |
|   Approved ($20,001 to $100,000) Title Date |  |  |
|   Approved ($100,001 +) Title Date |  |  |