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| *Note: The OCCC Disbursement Authorization form is to be completed for one (1) issue per form.* | | | | | | |
| **DATE:** |  | **OCCC NO.:** |  | **COLLEGE:**       ­ | | |
| **PROJECT NAME:** | | |  | **CPT PROJECT MANAGER:** | | |
| **PROJECT NO.:** |  | **DSA NO.:** |  | **CONTRACT NO.:** |  | **CONTRACT DATE:** |
| **CONTRACTOR NAME:** | | |  | **CONTRACTOR ADDRESS:** | | |
| **SCOPE OF WORK :**     |  |  |  |  |  | | --- | --- | --- | --- | --- | | **CONTINGENCY**  **ORIGINAL TOTAL** | **AMOUNT APPROVED THIS PERIOD** | **DESCRIPTION OF SCOPE APPROVED THIS PERIOD** | **AMOUNT PREVIOUSLY APPROVED** | **BALANCE REMAINING** | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |   **COMMENTS:** | | | | | | |
| **ATTACH BACKUP DOCUMENTATION, INCLUDING:**  **Form CP-0270 Change Order Proposal (COP)**  **Form CP-0270 Fair Cost Estimate (FCE)**  **Form CP-0320 Record of Change Order Negotiation** | | | | | | |

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| **Design Consultant** (Print Name & Company) |  | **Signature** |  | **Date** |
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| **Contractor/DB** (Print Name & Company) |  | **Signature** |  | **Date** |
|  |  |  |  |  |
| **College Project Director** (Print Name) |  | **Signature** |  | **Date** |
|  |  |  |  |  |
|  |  |  |  |  |
| **Regional Program Director** (Print Name) |  | **Signature** |  | **Date** |
|  |  |  |  |  |
| **PMO Program Director or**  **PMO Deputy Program Director** (Print Name) |  | **Signature** |  | **Date** |
|  |  |  |  |  |
| **LACCD Acting Chief Facilities Executive / Director**  **of Facilities Planning & Development** (Print Name) |  | **Signature** |  | **Date** |

*REFER TO THE GENERAL CONDITIONS FOR THE CONTRACTUAL REQUIREMENTS GOVERNING THE USE OF THIS CONTINGENCY*