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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 :**

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| **CONTINGENCY****ORIGINAL TOTAL** | **AMOUNT APPROVED THIS PERIOD** | **DESCRIPTION OF SCOPE APPROVED THIS PERIOD** | **AMOUNT PREVIOUSLY APPROVED** | **BALANCE REMAINING** |
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**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** |
|       |  |  |  |       |
| **Contractor/DB** (Print Name & Company) |  | **Signature** |  | **Date** |
|       |  |  |  |       |
| **College Project Director** (Print Name) |  | **Signature** |  | **Date** |
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|       |  |  |  |       |
| **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*