CHANGE ORDER PROPOSAL

|  |  |
| --- | --- |
| college: |  |
| PROJECT NAME: |  |
| PROJECT ADDRESS: |  |
| Project nUmber: |  |
| DSA NUmber: |  |
| COP nUmber: |  |
| DATE OF ISSUANCE: |  |
| ContrActor Name: |  |
| design consultant  *(Name, address)*: |  |
|  |

**Please submit an itemized request for changes in the Contract Sum and Contract Time for requested modifications to the Contract Documents described herein. Submit request within**       **days, or notify the Design Consultant in writing of the date on which you anticipate submitting your request.**

**THIS IS NOT A CHANGE ORDER, A FIELD ORDER OR A DIRECTION TO PROCEED WITH THE WORK DESCRIBED IN THE REQUESTED MODIFICATIONS.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **DESCRIPTION: (*Written description of the work*)** | | | | | |
|  | | | | | |
|  | | | | | |
| **ATTACHMENTS: (*List attached documents that support description*)** | | | | | |
|  | | | | | |
| **REQUESTED BY:** | |  |  |  |  |  |
|  | | **PLEASE SIGN** |  | **PRINT NAME & TITLE** |  | **DATE** |

**cc: CPT Project Manager**

**Project Inspector**

**Program Management Office**