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.**

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| --- |
| **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**