***Field Orders must be fully executed prior to the start of the Scope of Work***

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **DATE:** | |  | | **FIELD ORDER NO.:** | **FIELD ORDER AMOUNT: $** | | |
| **PROJECT NAME:** | |  | | **PROJECT NO.:** | | | |
| **CONTRACTOR NAME:** | |  | | **COLLEGE PROJECT TEAM – PROJECT MANAGER:** | | | |
| **CONTRACTOR ADDRESS:** | |  | | **COLLEGE:** | | | |
| **CONTRACT NO.:** | |  | | ­ **CONTRACT DATE:** | | | |
| **SCOPE OF WORK: You are hereby directed to make the following change(s) in this Contract:** | | | | | | | |
| **PROPOSED ADJUSTMENTS**  1. The proposed basis of adjustment to the Contract Sum is:  Lump Sum (increase)  (decrease)  of $     .  Not to exceed price $     . (Must indicate dollar amount)  2. The Contract Time is proposed to:  remain unchanged  be adjusted by an  increase or  decrease of       days  3. Field Order % of the Original Contract Amount:      % | | | | | | | |
| **This Field Order is being issued unilaterally as a directive to proceed with the indicated scope of work**. | | | | | | | |
|  |  | |  | | |  |  |
| **DESIGN CONSULTANT (PRINT NAME & COMPANY)**  (Required for all contract types) | **By** | | **PLEASE SIGN** | | |  | **DATE** |
|  |  | |  | | |  |  |
| **CONTRACTOR OR DESIGN BUILDER  (PRINT NAME & COMPANY)**  **(**Signature by the Contractor indicates the Contractor’s agreement with the proposed adjustments in Contract Sum and Contract Time set forth in this Construction Field Order.**)** | **By** | | **PLEASE SIGN** | | |  | **DATE** |
|  |  | |  | | |  |  |
| **COLLEGE PROJECT DIRECTOR (PRINT NAME)** | **By** | | **PLEASE SIGN** | | |  | **DATE** |
|  |  | |  | | |  |  |
| **COLLEGE PRESIDENT (PRINT NAME)** | **By** | | **PLEASE SIGN** | | |  | **DATE** |
|  |  | |  | | |  |  |
| **REGIONAL PROGRAM DIRECTOR (PRINT NAME)** | **By** | | **PLEASE SIGN** | | |  | **DATE** |

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| --- | --- | --- | --- | --- |
| Edwin Van Ginkel |  |  |  |  |
| **PMO DEPUTY PROGRAM DIRECTOR OR**  **PMO PROGRAM DIRECTOR (PRINT NAME)** | **By** | **PLEASE SIGN** |  | **DATE** |

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| --- | --- | --- | --- | --- |
| Dr. Rueben Smith |  |  |  |  |
| **LACCD CHIEF FACILITIES EXECUTIVE OR DIRECTOR OF FACILITIES PLANNING AND DEVELOPMENT (PRINT NAME)** | **By** | **PLEASE SIGN** |  | **DATE** |