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

|  |  |  |  |
| --- | --- | --- | --- |
| **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       days3. 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** |

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

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