Project Project No.

Contractor Contract No.

Architect Date

**CONTRACT CHANGE ORDER NO.**

Note: Give complete description of work. The documents supporting this Change Order, including any drawings and estimates of cost, are referenced hereon and made a part hereof. (Reference change proposal number, cost request bulletin number, field instruction number, change order request number, and any other documents as applicable. A copy of each shall be attached to the Trustees’ copy of this Change Order.)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| C **P**  **#** | **C**  **R**  **B**  **#** | **F**  **I**  **#** | **C**  **O**  **R**  **#** | **Description** | | **Extra** | **Credit** | **Days**  **Ext.** |
|  |  |  |  | The Trustees have taken occupancy of the Project Name as of X:XX a.m. on Date XX, 201X, in accordance with Contract General Conditions, Article 4.09 (or 4.10, depending on GC version); Occupancy by Trustees Prior to Acceptance. The Trustees’ occupancy is not an acceptance of the Project; neither does it relieve the Contractor of full responsibility for correcting deficient Work. See attached punch list, consisting of x pages, for remaining items to be completed by the Contractor.  {Include descriptions of any other special conditions: warranty starts, time extensions, transfer from BRIP to CSU property insurance, etc.} | | $ | $ |  |
|  |  |  |  |  | |  |  |  |
| Execution of this change order represents full and final costs of all direct, indirect, and delay costs for the scope of services identified hereon unless noted otherwise. | | | | | |  |  |  |
|  | | | | | Totals | $ | $ |  |
| *I hereby certify upon my own personal knowledge that budget funds are available for this encumbrance.* | | | | | | | | |
|  | | | | | | | | |
| Accounting Officer Date | | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Approval Recommended | Net Extra........$0  or | | |
| Architect *(Architect approval not applicable to design-build project)* Date | Net Credit.......$0 | | |
| Contractor Agreement |  | | |
| *The undersigned hereby agrees to the above-described amendment of the contract.* | Calendar days time extended: 0 | | |
|  | Revised Completion Date: | | |
| *(Legal firm name of Contractor)* | Copies to: | | |
| Signature Title Date  Note: The Contractor's name shall be as listed on the contract. All signatures must be signed in ink.  Trustees’ Approval    Approved ($0 to $20,000) Title Date | *•••••*  *•* | *Construction Administrator*  *Contractor*  *Architect/Engineer*  *University*  *Project Manager or*  *Construction Inspector*  *Other (specify):* | |
| Approved ($20,001 to $100,000) Title Date |  |  | |
| Approved ($100,001 +) Title Date |  | |  |