

ELIZABETH CITY STATE UNIVERSITY  
CHANGE ORDER NO.

INSTITUTION:  
PROJECT: CAUSE

STATE CODE & ITEM : CODE:  
CONTRACT FOR: ID#:  
CONTRACTOR:

FOR ECSU STATISTICAL USE ONLY	
<input type="checkbox"/>	OR Owner Request
<input type="checkbox"/>	CR Contractor Request
<input type="checkbox"/>	DR Designer Request
<input type="checkbox"/>	CC Concealed Condition
<input type="checkbox"/>	DE Design Error
<input type="checkbox"/>	DO Design Omission
<input type="checkbox"/>	SC Schedule Change
<input type="checkbox"/>	OT Other

Under the terms of the Contract and without invalidating the original provisions thereof, the following change(s) in work is(are) authorized for the change in contract amount herein set forth: (Description of change order with detailed breakdown attached)

The time of completion including previous orders is \_\_\_ calendar days and shall be (increased) (decreased) (unchanged) by \_\_\_ calendar days by this change order for a revised contract date of completion of \_\_\_\_\_. (Detailed analysis supporting the requirements for a change in duration is attached)

**CONTRACT COST SUMMARY**

					TOTALS
1. Original Contract Amount					\$
2. Amt. of Previous Orders	ADD	\$	Deduct	\$	
3. Amt. of This Order:	ADD	\$	Deduct	\$	
4. Total additions lines 2 &3		\$	Minus Total Deducts:	\$	\$
(Line 4 shall show the net amount to be added or (deducted) from the contract amount.)					
5. Revised Contract Total Amount					\$
6. The Owner certifies that the contingency fund balance after this change is					\$

Fill in one copy only

I certify that my Bonding Company will be notified forthwith that my contract has been (increased) (decreased) by the amount of this change order, and that a copy of the approved change order will be mailed upon receipt by me to my surety.

\_\_\_\_\_  
(Contractor) By: \_\_\_\_\_ (Date)

\_\_\_\_\_  
(Designer) By: \_\_\_\_\_ (Date)

\_\_\_\_\_  
(Owner) By: \_\_\_\_\_ (Date)

State Construction Office By: \_\_\_\_\_ (Date)

\_\_\_\_\_  
Other approving Agency (if needed) By: \_\_\_\_\_ (Date)

**REQUEST FOR AUTHORIZATION TO CHANGE**

DATE: STATE CODE:  
REQUEST NO.: PROJECT NAME:  
OWNER: CONTRACTOR:  
DESIGNER: CONTRACT FOR:

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**DESCRIPTION OF CHANGE:**

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**REASON FOR CHANGE:**

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**SUMMARY REVIEW OF CONTRACTOR'S ESTIMATE FOR TIME AND COST: (Attach Contractor's detailed cost breakdown of labor and materials).**

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**DESIGNER SUMMARY:**

1. Schedule items affected by this change:
  
2. Can Contractor mitigate the change without requiring a contract time extension?
  
3. Will the change require a contract time extension for other contractors? Which?
  
4. Are additional costs indicated by reason of the time extension? If so they must be included in 5 & 6 Below.

	<u>CONTRACTOR'S ESTIMATE</u>	<u>DESIGNER'S ESTIMATE</u>
5. Estimated cost of change:	_____	_____
6. Estimated time extension field cost (if any)	_____	_____

**DESIGNER RECOMMENDATION AND CERTIFICATION:**

I certify that I have reviewed all aspects of this change order and have determined that it is in the best interest of the owner to have the work accomplished. I have also determined that the cost and time allotment are fair and equitable, and I recommend acceptance by the owner.

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
Title: \_\_\_\_\_