FORMAL CHANGE ORDER AUTHORIZATION FORM

Construction Management

1180 Military Tribute Place, Henderson, Nevada 89074

Telephone Number (702) 799-8710 / Fax Number (702) 799-0772

|  |
| --- |
| PROJECT INFORMATION |

|  |  |
| --- | --- |
| COA#: | DATE: |
| FACILITY NAME: | CCSD PROJECT #: |
| PROJECT NAME: | SF #: |

# CONTRACTOR INFORMATION

|  |  |
| --- | --- |
| CONTRACTOR: | CONTACT PERSON: |
| PHONE NUMBER: | EMAIL ADDRESS: |

# A/E CCSD PM

|  |  |  |
| --- | --- | --- |
| CONTRACTOR’S PROPOSED COST: | COST REVIEW: | RECOMMENDED AMOUNT: |
| REASON(S) for DENIAL or ADJUSTMENT: | | |
| CONTRACTOR’S PROPOSED TIME: | TIME REVIEW: | RECOMMENDED TIME: |

REASON(S) for DENIAL or ADJUSTMENT:

|  |
| --- |
| CCSD USE |

**CATEGORY** – Please check one of the following:

UNFORESEEN CONDITIONS  DESIGN DEFICIENCIES – VA  DESIGN DEFICIENCIES – NVA  GOVERNMENT LEVIED  CCSD REQUESTED

CREDIT

**BASIS OF ADJUSTMENT** – Please check one of the following:

LUMP SUM  TIME AND MATERIAL  UNIT COST

|  |
| --- |
| EXPLANATION FOR CHANGE: |

IF CCSD REQUESTED – DEPT/OTHER:

PROJECT MANAGER DATE COORDINATOR DATE

|  |
| --- |
| APPROVED AS RECOMMENDED  DENIED AS RECOMMENDED |
|  |

REVIEWED BY (CCSD REQUESTED ONLY):

**CHIEF OF FACILITIES**  Date