FORMAL CHANGE ORDER AUTHORIZATION FORM

Construction Management

1180 Military Tribute Place, Henderson, Nevada 89074

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

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| PROJECT INFORMATION |

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| --- | --- |
| 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:

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| --- |
| 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

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| EXPLANATION FOR CHANGE:  |

IF CCSD REQUESTED – DEPT/OTHER:

PROJECT MANAGER DATE COORDINATOR DATE

|  |
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| [ ]  APPROVED AS RECOMMENDED [ ]  DENIED AS RECOMMENDED |
|  |

REVIEWED BY (CCSD REQUESTED ONLY):

 **CHIEF OF FACILITIES**  Date