

INFORMAL CHANGE ORDER AUTHORIZATION FORM

Construction Management  INFORMAL

1180 Military Tribute Place, Henderson, NV 89074

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

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| PROJECT INFORMATION |

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

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| CONTRACTOR INFORMATION | | | | |
| CONTRACTOR: | | CONTACT PERSON: | | |
| PHONE NUMBER: | | EMAIL ADDRESS: | | |
| SF INFORMATION | | | | |
| ORIGINAL SF AMOUNT: | PRIOR COA AMOUNTS > | | COA #1: | COA #2: |
| RECOMMENDED COA AMOUNT: | | | COA #3: | COA #4: |
| NEW TOTAL SF AMOUNT: $0.00 | | | | |

# A/E CCSD

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

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| CCSD USE |

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

UNFORESEEN CONDITIONS  DESIGN DEFICIENCIES – VA  DESIGN DEFICIENCIES – NVA  GOVERNMENT LEVIED  CREDIT

     

CCSD REQUESTED       IF CCSD REQUESTED – DEPT/OTHER:

EXPLANATION FOR CHANGE:

PROJECT MANAGER DATE COORDINATOR DATE

DIRECTOR IV DATE

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| APPROVED  DENIED |
| REASON(S) for DENIAL or ADJUSTMENTS: |

APPROVED BY: **CHIEF OF FACILITIES** DATE