

**Facility Planning & Control
CHANGE ORDER**

PROJECT NAME: _____ CHANGE ORDER NO: _____
 PROJECT NUMBER: _____ CONTRACT DATE: _____
 CONTRACTOR: _____ CFMS No. _____
 SITE CODE: _____ STATE ID: _____

You are directed to make the following change(s) in this contract. Attach SUMMARY, BREAKDOWN and/or UNIT PRICE BREAKDOWN forms as required and give a brief description of the change(s) below.

The Original Contract Sum _____
 Total Changes by Previous Change Order(s) _____
 Current Contract Sum _____
 Contract Sum will be (increased) (decreased) (unchanged) by this Change Order _____
New Contract Sum _____

The Original Contract Completion Date and Contract Time. Date: _____ DAYS
 Total Time extended by Previous Change Order(s) _____ DAYS
 Contract Time will be (increased) (decreased) (unchanged) by this Change Order _____ DAYS
New Contract Completion Date & Revised Contract Time Date: _____ DAYS

Added Building Area _____ (Sq. Ft.)

NOTE: No additional increase in time or money will be considered for a Change Order item after it has been executed.

RECOMMENDED	ACCEPTED	APPROVED
Designer's Name: _____	Contractor's Name: _____	Project Manager: _____
Address: _____	Address: _____	Facility Planning & Control
By: _____	By: _____	By: _____
Date: _____	Date: _____	Date: _____

FACILITY PLANNING AND CONTROL USE ONLY

Classification	Amount	Classification	Amount
Omission (Type "O")*	_____	Miscellaneous (Type "M")	_____
Error (Type "E")*	_____	Owner Requested (Type "R")	_____

*See Section 5.2.3 of the Louisiana Capital Improvement Projects Procedure Manual for Design and Construction, 2006 Edition

Senior Manager/Assistant Director approval: _____

COMMENTS: _____