**Change Order Request Form**

**Project Name: 1**

**Project #:2**

**Contractor:3**

**Consultant:4**

**Project Manager:5**

**Requested By:6**

**Authorized By:7**

**COR #:8**

**Supplemental:9**

**Date:10**

**Type of Change:11**

**Method of Costing:12**

**Reason for Change:13**

**Description of Change:14**

**Reason for Change:15**

**Source of Funds:16**

|  |  |
| --- | --- |
| **CPM/CE25** | **Date** |
| **Construction Administrator26** | **Date** |
| **Campus Facilities Administrator27** | **Date** |
|  | **Date** |
| **UM Director FPD (If Necessary) 28** | **Date** |

**COR % /Approved %:17**

**Estimated Cost:18**

**Time Extension:19**

**Cost of Change:20**

**Consultant Fee:21**

**Const. Mgmt Fee:22**

**Other Fee:23**

**Total Cost:24**