

CHANGE ORDER

CEM-4900 (REV 06/2019)

Change Requested By: Engineer Contractor

| CHANGE ORDER NO. | SUPPL. NUMBER | CONTRACT NUMBER | CO-RTE-PM | FEDERAL NUMBER(S) |
|------------------|---------------|-----------------|-----------|-------------------|
| | | | | |

TO

, **contractor**

You are directed to make the following changes from the plans and specifications or do the following described work not included in the plans and specifications for this contract. **NOTE: This change order is not effective until approved by the engineer.**

Description of work to be done, estimate of quantities, and prices to be paid. (Segregate between additional work at contract price, agreed price, and force account). Unless otherwise stated, rates for rental of equipment cover only such time as equipment is actually used and no allowance will be made for idle time. The last percentage shown is the net accumulated increase or decrease from the original quantity in the Bid Item List.

This change order provides for:

As requested by the contractor, a conditional one-time 90-day waiver of certification requirements as specified under "Certifications," in Section 5-1.15, "Safety Representative," of the standard special provisions.

Payment Method:

There is no cost or credit to the State by reason of this change.

Time Adjustment:

No time adjustment will be made because the work described in this change order did not result in a critical delay.

Estimated Cost: Increase Decrease \$ 0.00

For this order, the time of completion will be adjusted as follows: 0 (zero) working days

SUBMITTED BY

| SIGNATURE | (PRINT NAME AND TITLE) | DATE |
|-----------|------------------------|------|
| | | |

APPROVAL RECOMMENDED BY

| SIGNATURE | (PRINT NAME AND TITLE) | DATE |
|-----------|------------------------|------|
| | | |

ENGINEER APPROVAL BY

| SIGNATURE | (PRINT NAME AND TITLE) | DATE |
|-----------|------------------------|------|
| | | |

We, the undersigned contractor, have given careful consideration to the change proposed and agree to provide equipment, furnish materials, and perform the work specified above, and will accept as full payment the prices shown above. **NOTE: If you do not sign this order, you are directed to proceed with the ordered work. You may file a Request for Information within the time specified.**

CONTRACTOR ACCEPTANCE BY

| SIGNATURE | (PRINT NAME AND TITLE) | DATE |
|-----------|------------------------|------|
| | | |

ADA Notice

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