

Project Name: { }

Project No.: { }

**CHANGE ORDER**

University of California Facility:

CHANGE ORDER NO. \_\_\_\_\_

Reference Field Order No.

Project Name:

Project Number: \_\_\_\_\_

Contract Date: \_

To Design Builder:

Address:

DESCRIPTION OF CHANGE:

Adjustment of Contract Sum:

Adjustment of Contract Time:

Original Contract Sum: \_\_\_\_\_

Original Contract Time: (Days)

Prior Adjustments: \_\_\_\_\_

Prior Adjustments: (Days)

Contract Sum Prior to this Change: \_\_\_\_\_

Contract Time Prior to this Change: (Days)

Adjustment for this Change: \_\_\_\_\_

Adjustment for this Change: (Days)

Revised Contract Sum: \_\_\_\_\_

Revised Contract Time: (Days)

Project Name: { }

Project No.: { }

Adjustment of Option Sum (Phase 2):

Original Option Sum: \_\_\_\_\_

Prior Adjustments: \_\_\_\_\_

Option Sum Prior to this Change: \_\_\_\_\_

Adjustment for this Change: \_\_\_\_\_

Revised Option Sum: \_\_\_\_\_

Adjustment of Option Time (Phase 2):

Original Option Time: (Days)

Prior Adjustments: (Days)

Option Time Prior to this Change: (Days)

Adjustment for this Change: (Days)

Revised Option Time: (Days)

Adjustment of Option Sum (Phase 3):

Original Option Sum: \_\_\_\_\_

Prior Adjustments: \_\_\_\_\_

Option Sum Prior to this Change: \_\_\_\_\_

Adjustment for this Change: \_\_\_\_\_

Revised Option Sum: \_\_\_\_\_

Adjustment of Option Time (Phase 3):

Original Option Time: (Days)

Prior Adjustments: (Days)

Option Time Prior to this Change: (Days)

Adjustment for this Change: (Days)

Revised Option Time: (Days)

Project Name: { }

Project No.: { }

Design Builder waives any claim for further adjustments of the Contract Sum and the Contract Time related to the above described change in the Work.

**Recommended:**

By: \_\_\_\_\_  
(Signature of University's Representative)

\_\_\_\_\_  
(Printed Name)  
Name)

Date: \_\_\_\_\_

**Accepted:**

By: \_\_\_\_\_  
(Design Builder Signature)

\_\_\_\_\_  
Printed Design Builder

Date: \_\_\_\_\_

**Reviewed and Recommended**

By: \_\_\_\_\_  
(Signature of University's  
Designated Administrator)

\_\_\_\_\_  
(Printed Name)

Date: \_\_\_\_\_

**Funds Sufficient:**

By: \_\_\_\_\_  
(Signature from University's  
Accounting Office)

\_\_\_\_\_  
(Printed Name)

Date: \_\_\_\_\_

**Approved:**

UNIVERSITY: THE REGENTS OF THE UNIVERSITY OF CALIFORNIA

\_\_\_\_\_  
(Printed Name)

By: \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)

Date: \_\_\_\_\_