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Office of Management & Enterprise Services ■ Capital Assets Management ■ Construction and Properties

The Work described herein is **NOT** authorized until this Change Order is completed and signed by all entities listed below.
Do **NOT** proceed with Work until the Change Order is completed and signed by each party.
This form is required and shall be prepared by the Contractor. All costs must be broken down.

CHANGE ORDER NO. _____ submitted for approval on the _____ day of _____ in the year **20** ____..

OWNER:

State of Oklahoma
OMES/CAM/CAP
P.O. Box 53448
Oklahoma City, OK 73152-3448
[Service Now Catalog Items](#)

PROJECT:

(CAP Project Number) (Purchase Order Number)

(CAP Project Name)

(Address/Location)

(Date of Agreement) (CAP Project Manager)

(Using Agency) (Owner's Representative)

(Contractor/Construction Manager/Design-Builder Company Name)

REQUESTED BY: Contractor/Construction Mgr./Design-Builder Owner's Representative Using Agency Owner (CAP)

REASON FOR CHANGE: Detailed explanation required below (check box).

- Unforeseen site condition. Work not specified in Contract Documents, but essential to completion of Project.
- Scope change. Other: (Describe) _____

CHANGE is as follows: [Change in scope, cost and/or time (reference critical path) description including reason for change]:

PRICE: (attach breakdown page)

Original _____ was: \$ _____

Net change by previous contract mod(s): \$ _____

This Change Order _____ Cost by: \$ _____

New _____ is: \$ _____

TIME:

Original Substantial Completion date: _____, 20____
(Month) (Day) (Year)

Net change by previous contract mod(s): _____ (calendar days)

This Change Order _____ Time by: _____ (calendar days)

Revised Substantial Completion date: _____, 20____
(Month) (Day) (Year)

By executing this Change Order, Owner, Using Agency and Contractor agree to modify the Agreement's Scope of Work, Contract Price and Contract Time as stated above. Upon execution, this Change Order becomes a Contract Document issued in accordance with CAP Form A201 *General Conditions of the Contract for Construction*. Not valid until executed by all Parties.

OWNER:

CONTRACTOR/CONSTRUCTION MANAGER/DESIGN-BUILDER:

(Owner Signature) (Date Signed)

(Owner Printed Name)

(Owner Printed Title)

(Authorized Representative Signature) (Date Signed)

(Authorized Representative Printed Name)

(Authorized Representative Printed Title)

(EIN/TIN number)

OWNER'S REPRESENTATIVE:

USING AGENCY:

(Authorized Representative Signature) (Date Signed)

(Authorized Representative Printed Name)

(Authorized Representative Printed Title)

(Authorized Representative Signature) (Date Signed)

(Authorized Representative Printed Name)

(Authorized Representative Printed Title)



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If change order is \$10,000.00 or greater, subcontractor invoices must be included with breakdown of labor, materials, tax, overhead and profit.

(1) Materials	Unit	Unit Cost	Total
Subtotal (1)			

(2) Labor	No. Of Hours	Hourly Cost	Total
Subtotal (2)			

(3) Equipment	No. Of Hours	Hourly Cost	Total
Subtotal (3)			

(4) Subcontractors (List each Subcontractor)	Total
Subtotal (4)	

Column 1	Column 2
Insurance Cost	GC/CM Overhead Costs (____% maximum of 1,2 & 3)
Bond Cost	GC/CM Profit (____% maximum of 1,2 & 3)
Social Security Taxes (FICA)	GC/CM Overhead Costs & Profit (limited to ____% of 4)
Other Taxes	DB Mark-ups (limited to ____% per contract)
Worker's Compensation	Total of Column 2
Employee Fringe Benefits	Total for this Page
Total of Column 1	(Subtotals 1 - 4, and Col. 1 & 2 Totals)