

PROFESSIONAL CONTRACT REVIEW FORM

(Code 31-11-3.7)

OWNER:

(Name of Institution/Agency/Department)

(Address/City/State/Zip Code)

(Telephone Number/Fax Number)

(Contact Person/Title)

PROFESSIONAL:

(Name)

(Address/City/State/Zip Code)

(Telephone Number/Fax Number)

(Contact Person/Title)

PROJECT:

(Project Title)

(Address and/or Location)

TYPE SERVICE: ☐ Architect ☐ Engineer ☐ Other ☐ Furniture & Equipment

CONTRACT FORM: ☐ AIA ☐ BOB ☐ Other

FEE BASIS: ☐ Lump Sum (Amount: \$ _____)
 ☐ Percentage of Construction (Percentage: % _____)
 ☐ Hourly (Amount: \$ _____)

Note:
Select only
one from each
category

ADDITIONAL
SERVICES:

Type: _____

Fee: \$ _____

Type: _____

Fee: \$ _____

ESTIMATED

PROJECT BUDGET: Estimated Construction \$ _____
 Estimated Fee \$ _____
 Estimated Furniture & Equipment \$ _____
 Estimated Other \$ _____
 Estimated Contingency \$ _____
 Estimated Project Budget Total \$ _____

COMMENTS: _____

===== Bureau of Building, Grounds and Real Property Management =====

Approved without change	Approved By: _____	Date: _____
Approved with conditions noted	Approved By: _____	Date: _____
Resubmit	Disapproved By: _____	Date: _____