	CHANGE ORDER NO.
Project Number: Contract Date: Project Title: Institution/Agency/Department: Location:	
Original Contract Sum	\$\$ \$Calendar Day Calendar Day Calendar Day Calendar Day Calendar Day Calendar Day Calendar Day
(ALL SIGNATURES MUST BE ORIGINAL)  Professional: By:	Date:
Contractor:By:	Date:

(A copy of the Change Order will be given to the Institution/Agency.)

Owner:

By:

1 Feb 2024

Date:

CHANGE ORDER NO.
PROJECT NO.

All of the provisions of the Original Contract not specifically directed to make the following changes in this Contract:	changed by this	Change	Order remain the same.	The Contractor is
The justification for this Change Order is as follows:				

## AS REQUESTED BY:

<u> </u>							
	the Using Agency / Owner						
	the Contractor		the Professional				

2 Feb 2024