

# PROFESSIONAL CONTRACT REVIEW FORM

OWNER:

\_\_\_\_\_

(Name of Institution/Agency/Department)

\_\_\_\_\_

(Address/City/State/Zip Code)

\_\_\_\_\_

(Telephone Number/Fax Number)

\_\_\_\_\_

(Contact Person/Title)

PROFESSIONAL:

\_\_\_\_\_

( 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: _____