

# Request for Change Order



**OXNARD UNION  
HIGH SCHOOL DISTRICT**

High Expectations and Powerful Futures for Every Student

Oxnard Union High School District (OUHSD), 309 South K Street, Oxnard, CA 93030

**Instructions:** Contractor is directed to immediately identify to the District (Owner) any and all of the cost, time and schedule details necessary for the proposed described work to support the Contractor's overall schedule.

Except as otherwise expressly provided and approved herein, all terms and conditions of the original P.O. remain unchanged and in full force and effect.

Change Order No.	Date
Project Title	
DIR Project No.	
Purchase Order (P.O)/Contract No.	

### COMPLETED BY ORIGINATOR

Contractor Name:	Change Requested By: Owner or Contractor <b>(Circle One)</b>
Description of requested Change:	

### COMPLETED BY CONTRACTOR

Please prepare an estimate of the costs to incorporate these items in the construction and submit the estimate to OUHSD for approval. Since OUHSD must consider all anticipated costs before it authorizes a change order, please indicate in your cost estimate which changes(s), if any, will effect the time required for completion of the entire contract work (whether of more or less time); the extent and duration of delay, if any, that will result in any area of the work; if you will require additional contract time, and if so, how much time; and whether any other costs should be considered.

**Basis for Contract Adjustment: Attach Breakdown of pricing & support information (Choose One Method)**

Lump sum  
The above work shall be performed/deleted for the agreed price/deduction of: \$ \_\_\_\_\_

Unit Pricing  
The above work shall be performed for the agreed upon unit price of: \$ \_\_\_\_\_

Time & Materials Not To Exceed (NTE)  
The above work shall be performed based upon the attached labor rates and material markups: \$ \_\_\_\_\_

The cost of work authorized by this work authorization shall not exceed the above estimated amount without additional written authorization from the Owner.

This change shall have the following affect on the overall contract schedule: **(No affect is assumed if blank)**

Other Comments:

Contractor's Signature/Date:

Received By: _____  Date: _____	<b>A P P R O V E D</b>	Originator Signature _____ Date _____ Printed Name _____ Contractor Signature _____ Date _____ Printed Name _____ Owner Signature _____ Date _____ Printed Name _____
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