

<small>Check one box only:</small>	
REGULAR C/O	<input type="checkbox"/>
EXPEDITED C/O	<input type="checkbox"/>
EMERGENCY (FAX) C/O	<input type="checkbox"/>

CHANGE ORDER PACKET COVER SHEET

Date: _____

Change Order No. _____

Project No. DGS _____

To: _____
Chief, Change Order Section

Phase _____ Part _____

Contract No. DGS _____

Title _____

From: _____
Construction Regional Director

Location _____

This office certifies that the work proposed is not a contract requirement and therefore requests that a Change Order be authorized as described in the attached packet.

Description of this change order request:

Change Order Cost Amount:

Debit \$ _____

Credit \$ _____

No Cost

The cost amount listed is a disputed dollar amount

Change Order Cause Code:

Request of Using Agency

Professional's Error or Omission

Post Design Code Revision

Unforeseen Condition

Other _____

Regional Comments: