



Department of Purchasing and Contracting
Change Order Request Form

User Department:

From:

CPA No.:

Title:

Effective Date:

Expiration Date:

Contract APPROVED Amount:

| Contractor(s) | Contract No. | Amount Spent | |
|---------------|--------------|--------------|--|
|---------------|--------------|--------------|--|

Total Amount Spent to Date:

User Department Recommendation:

Renew

Bid

Justification:

Department Director Signature

Date

Funding: General Enterprise 3 Digit Fund Code _____

CIP Line Item No. (if applicable): _____

For Use by Purchasing and Contracting:

Approve

Deny

Additional Comments:

Purchasing and Contracting Signature

Date