



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	
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**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**