

CITY OF NEW HAVEN CONTRACT CHANGE ORDER (CO)

1	CONTRACT TITLE:									
2	CONTRACT #.:		CO#		CO DATE					
3	CONTRACTOR:					VENDOR CODE				
:4	EMAIL					PROJECT No.:				
:5	CONTRACT START DATE				CONTRACT END DATE:					
6	CONTRACT TERM WILL BE:									
		UNCHANGED	INCREASED	DECREASED	NEW END DATE					
7	FUNDING SOURCE OF CONTRACT:					C A P O #:				
:8	FUNDING SOURCE OF CO					C A P O #:				
:9	ORIGINAL AWARDED AMOUNT									
10	CONTRACT AMOUNT PRIOR TO THIS CO:									
11	AMOUNT OF THIS CO					ACTUAL		ESTIMATE		
						INCREASE		DECREASE		
12	NEW CONTRACT AMOUNT									
13	Is this Change Order a final close-out of the Contract?	YES		NO						
14	Has the cost of this contract been increased from the original amount? (YES		NO						
15	What is the total percentage increase/decrease over the original contract, including the current CO?							%		
16	Is any part of this Change Order outside of the scope of the original bid documents?	YES		NO						
17	Has any of the work described in this Change Order been ordered to be done?	YES		NO						
18	Are there any unit prices or lump-sum amounts in this Change Order that were not taken from the Contractor's original bid for the project? (If the answer is yes, approved quotes and prices, with back-up, must be appended hereto along with certification by the person who approved the reasonableness of the prices .)	YES		NO						

19	COMPANY HOLDING PERFORMANCE BOND: (If Applicable)								
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20	CHANGE ORDER HISTORY		CONTRACT #	
21 CO #	Date	PREVIOUS CHANGE ORDERS: DETAILED DESCRIPTION in lieu of CO memo	AMOUNT INCREASE	AMOUNT (DECREASE)
SUB TOTALS				
NET INCREASE / (DECREASE)				

22 ITEM	THIS CHANGE ORDER DETAILED DESCRIPTION in lieu of CO memo (attach quotes etc.)		AMOUNT INCREASE	AMOUNT (DECREASE)
				-
SUB TOTALS				-
NET INCREASE / (DECREASE)				

Signature Page to follow

23			
	Contract Number	CO #	DATE

ALL TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT REMAIN IN FULL FORCE AND EFFECT.		
CONTRACTOR'S SIGNATURE	TITLE	DATE

BY SIGNING BELOW, WE CERTIFY THAT THIS CHANGE ORDER HAS BEEN REVIEWED BY THE APPROPRIATE PARTIES AND FOUND TO BE IN COMPLIANCE WITH THE RULES, REGULATIONS AND POLICIES OF OUR INDIVIDUAL DEPARTMENTAL REQUIREMENTS.	
REQUESTING AGENCY DEPARTMENT HEAD SIGNATURE	DATE
SMALL CONTRACTOR DEVELOPMENT SIGNATURE	DATE
COMMISSION ON EQUAL (CEO) SIGNATURE	DATE
CAPO REVISED AND APPROVED SIGNATURE	DATE
PURCHASING AENT SIGNATURE	DATE
OFFICE OF CORPORATION COUNSEL: - APPROVED TO FORM & CORRECTNESS.	DATE
CONTROLLER: - CERTIFIED AS TO SUFFICIENCY OF APPROPRIATION OR AVAILABILITY OF FUNDS	DATE

<i>This section is utilized when and as needed:</i>		
24	ENGINEER/ARCHITECT:	COMPANY/FIRM
		DATE