

## STATE OF ALASKA DEPARTMENT OF TRANSPORTATION AND PUBLIC FACILITIES

## **Select REGION**

## **Change Order**

Project No.:	Change Order No.	
Project Name:		
Contractor:	Change Order Summary:	
Address:	Calendar Days (+ / -):	
	New Completion Date:	
	Amount of Ch	nange Order:
Recommended By: Date:		
Title:		
Approved By:	Date:	
Title:		
This change order constitutes agreement to terms, conditions and prices stated be	low.	Seal of Alaskan Professional Engineer
Accepted By:  Contractor's Representative	Date:	(if required)
Acknowledgement indicates only receipt of Change Order and not mutual agreement for basis of payment or time allowance. If the matter cannot be resolved within 7 days from signature date, an Intent to Claim form must be submitted to the engineer within 14 days.		
Acknowledged By: Contractor's Representative	Date:	
Permission for previously submitted subcontractor(s) to perform all or portions of the work described herein is as checked:   Yes No N/A		
The following change(s) in the above Contract are hereby made in accordance with the terms of the Contract and under the terms and conditions stated below. Price adjustments resulting from inaccurate cost and pricing data are subject to the provisions of AS 36.30.400(c). This document shall become an amendment to the Contract and all provisions of the Contract will be applicable.		
DESCRIPTION OF CHANGE (Use Continuation Sheet 25D-065 as Required)		