



The Work described herein is **not** authorized and **must not** begin until this Change Order is completed and signed by all parties below. This form is required and shall be prepared by the Contractor. All costs must be broken down on Page 2.

## GENERAL INFORMATION

Change Order number \_\_\_\_\_ submitted for approval on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Owner: State of Oklahoma OMES CAM CAP P.O. Box 53448 Oklahoma City, OK 73152-3448 <a href="#">CAP website</a>	CAP project number:	Purchase order number:
	CAP project name:	
	Address/location:	
Using Agency:	Date of agreement:	CAP project manager:
	Owner's Representative:	Contractor/Construction Manager/Design-Builder:

## REQUESTED BY

☐ Contractor/Construction Manager/Design-Builder. ☐ Owner (CAP). ☐ Using Agency. ☐ Owner's Representative.

## REASON FOR CHANGE ORDER

☐ Unforeseen site condition. ☐ Work not specified in Contract Documents but essential to completion.  
☐ Scope change. ☐ Other:

Change is as follows, including time impact (attach additional pages if necessary):

PRICE (attach breakdown page)	TIME
Original ( <input type="checkbox"/> Contract Sum/ <input type="checkbox"/> GMP) was: \$_____	Original Substantial Completion Date: _____
Net change by previous contract modifications: \$_____	Net change by previous contract modification: _____ (calendar days)
This Change Order ( <input type="checkbox"/> increases/ <input type="checkbox"/> decreases) cost by: \$_____	This Change Order ( <input type="checkbox"/> increases/ <input type="checkbox"/> decreases) time by: _____ (calendar days)
New ( <input type="checkbox"/> Contract Sum/ <input type="checkbox"/> GMP) is: \$_____	Revised Substantial Completion Date: _____

By executing this Change Order, the Owner, Using Agency and Contractor agree to modify the Agreement's Scope of Work, Contract Price and Contract Time as stated above. Upon execution, this Change Order becomes a Contract Document issued in accordance with OMES CAP Form A201, General Conditions of the Contract for Construction. Not valid until executed by all parties.

## SIGNATURES OF PREAPPROVAL

CAP representative name	Signature	Date
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## SIGNATURES OF APPROVAL

Contractor authorized representative name				Signature			Date	
Owner's representative authorized representative name				Signature			Date	
Using Agency authorized representative name				Signature			Date	
GL unit	Program code	Account	Subaccount	Fund type	Class fund	Department	Budget ref.	Operating unit
Federal funding involved? <input type="checkbox"/> Yes <input type="checkbox"/> No				Attach Funding Change Order Request (CAP Form 10A) if necessary.				
Owner authorized representative name				Signature			Date	

## BREAKDOWN

If change order is \$10,000 or greater, subcontractor invoices **must** be included with breakdowns of labor, materials, tax, overhead and profit.

1. Materials	Units	Unit cost	Total
Subtotal (1)			
2. Labor	Hours	Hourly cost	Total
Subtotal (2)			
3. Equipment	Hours	Hourly cost	Total
Subtotal (3)			
4. Subcontractors, if applicable (list each)			Total
Subtotal (4)			
5. Bonds, insurance and miscellaneous fees			
Subtotal (5)			
Totals			
1. Sum of subtotals (1), (2) and (3).			
2. Contractor/Construction Manager/Design-Builder profit of 10% multiplied by Line Item 1.			
3. Subtotal (4 + 5).			
Total Change Order (add line items 1, 2 and 3)			