

**UNIVERSITY OF ILLINOIS
CONSTRUCTION CONTRACT CHANGE ORDER for**
 • **Contractor (no assignment)**

UI Change Order No. _____
 Change Order Amount _____
 UI Document No. _____
 UI Encumbrance No. _____

Project Name _____
 Contractor _____
 PSC Project No. _____

UI Project No. _____
 Division of Work _____
 Contractor Project No. _____

The above referenced contract is hereby amended to provide for the following described change(s) upon the terms set forth below:

Contractor shall provide: (SCOPE)

Original Calendar Days to Complete the Work	_____	Original Contract Amount	\$ _____
Increase/(Decrease) in Calendar Days by Previous Change Orders	_____	Total of Previous Change Order(s)	\$ _____
Increase/(Decrease) in Calendar Days by this Change Order	_____	Increase/(Decrease) by this Change Order	\$ _____
Current Calendar Days to Complete the Work	_____	Revised Contract Amount	\$ _____
Revised Substantial Completion Date	_____		

As changed hereinabove, the above referenced contract shall continue in full force and effect.

CLASSIFICATION (for UI use only)							BUDGET/SCOPE (for UI use only)		
Client Request		PSC Error		CM Error		Code/Std		Unforeseen Conditions	Does NOT affect project budget and/or scope
Staff Changes/Scope		PSC Omission		CM Omission		Delivery/Schedule		Closeout	
									Affects project budget and/or scope (see attached documentation)

Chart *	Fund *	Organization *	Account *	Program *	Activity	Location

THE UNDERSIGNED HEREBY CERTIFY THAT THIS CONTRACT CHANGE ORDER IS GERMANE TO THE ORIGINAL CONTRACT AS SIGNED AND THAT THE CIRCUMSTANCES NECESSITATING THIS CONTRACT CHANGE ORDER WERE NOT REASONABLY FORESEEABLE AT THE TIME THE CONTRACT WAS SIGNED. THIS CONTRACT CHANGE ORDER IS IN THE BEST INTEREST OF THE UNIVERSITY OF ILLINOIS AND IS AUTHORIZED BY LAW. (720 ILCS 5/33E-9)

PSC/CM/Contractor Approvals

Contractor _____ Date _____
 Construction Manager (CM) (if applicable) _____ Date _____
 Professional Services Consultant (PSC) _____ Date _____

University of Illinois Approvals

Campus _____ Date _____
 UOFPP (Change Orders \$25,000 or more) _____ Date _____
 Board of Trustees of the University of Illinois - Comptroller _____ Date _____
 Board of Trustees of the University of Illinois - Secretary _____ Date _____

If this change is \$250,000 or more, the following additional University of Illinois signatures are required:

_____ Date _____
 B. Joseph White, President
 _____ Date _____
 Thomas R. Bearrows, University Counsel

Distribution: ORIGINAL: Accounting COPY: Contractor, PSC, CM (if applicable), Project File ALL revisions to this format are to be coordinated with UOFPP