

DATE _____

PROJECT TITLE _____

EMERGENCY WORK AUTHORIZATION (EWA) (No. _____)

FIELD DIRECTIVE (FD) (REFERENCE RFP # _____)

Reason for Urgency:

Description of Problem:

Action to be Taken:

Total "Not to Exceed" Cost to Complete (Labor, Material, Mark up, etc.):

Minimum information to be included in this section: Costs shall not exceed \$ _____ without prior written authorization by the Owner. Work to be invoiced on an hourly basis with daily time records submitted to the Contractor and Professional Services Consultant for approval. Time and Material backup information required for full payment at completion of Work.

Work Completion Required By: _____.

Remarks:

Recommended by: _____
CONTRACTOR (Name, Firm and Division(s) of Work)

Reviewed by: _____
PSC (scope & estimated cost(s) reviewed)

Reviewed by: _____
CM (scope & estimated cost(s) reviewed)

Reviewed by: _____
PM (scope & estimated cost(s) reviewed)

Approved by: _____
DIRECTOR or above for all EWA's (CCU/UOFPP)
PROJECT MANAGER or above per approval authority
for Field Directives.

pm/sec
c: Professional Services Consultant
Construction Manager (if applicable)
Contractor(s)
Project File