

**UNIVERSITY OF ILLINOIS
CONSTRUCTION CONTRACT CHANGE ORDER**

- Contractor with Assigned Subcontractor(s) (AS)
- Assigned Subcontractor(s) (AS)

UI Change Order No. _____
 UI RFP/EWA No. _____
 Change Order Amount _____
 UI Document No. _____
 UI Encumbrance No. _____
 UI Project No. _____
 Contractor/AS Project No. _____
 PSC Project No. _____

Project _____
 Contractor/AS/Address _____

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 _____ Current Calendar Days to Complete the Work _____
 Increase/(Decrease) in Calendar Days by Previous Change Orders _____ Revised Substantial Completion Date _____
 Increase/(Decrease) in Calendar Days by this Change Order _____

| | Column A | | Column B | | Column C | | TOTAL A+B+C |
|--|----------|--|----------|--|----------|---|-------------|
| Contractor's Original Base Bid + Accepted Alternate(s) | \$ | Total of Previous Change Order(s) | \$ | Increase/(Decrease) by this Change Order | \$ | Contractor's Revised Base Bid + Accepted Alternate(s) + Change Orders | \$ |
| | | Total of Previous Change Order(s) Assignment Fee | \$ | TOTAL AS(s) increase(s) by this change order x 0.05 | \$ | Contractor's Revised Change Order(s) Assignment Fee | \$ |
| Contractor's SUBTOTAL | \$ | | \$ | | \$ | | \$ |
| Plumbing AS Original Subcontract Sum | \$ | Total of Previous Change Order(s) | \$ | Increase/(Decrease) by this Change Order | \$ | Revised Subcontract Sum | \$ |
| Heating AS Original Subcontract Sum | \$ | Total of Previous Change Order(s) | \$ | Increase/(Decrease) by this Change Order | \$ | Revised Subcontract Sum | \$ |
| Ventilation AS Original Subcontract Sum | \$ | Total of Previous Change Order(s) | \$ | Increase/(Decrease) by this Change Order | \$ | Revised Subcontract Sum | \$ |
| Electrical AS Original Subcontract Sum | \$ | Total of Previous Change Order(s) | \$ | Increase/(Decrease) by this Change Order | \$ | Revised Subcontract Sum | \$ |
| Fire Protection AS Original Subcontract Sum | \$ | Total of Previous Change Order(s) | \$ | Increase/(Decrease) by this Change Order | \$ | Revised Subcontract Sum | \$ |
| AS Original Subcontract Sum | \$ | Total of Previous Change Order(s) | \$ | Increase/(Decrease) by this Change Order | \$ | Revised Subcontract Sum | \$ |
| GRAND TOTAL (Contractor's Original Contract Sum) | \$ | GRAND TOTAL of Contractor's Previous Change Order(s) | \$ | GRAND TOTAL of Contractor's Increase/(Decrease) by this Change Order | \$ | GRAND TOTAL of Contractor's SUBTOTAL + Revised Subcontract Sum(s) ("Contractor's Revised Contract Sum") | \$ |

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 | Liquidated Damages | | Does NOT affect project budget and/or scope | |
| Staff Changes/Scope | PSC Omission | CM Omission | Delivery/Schedule | Closeout | Crisis Response | | 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.

PSC/Contractor Approvals

University of Illinois Approvals

Assigned Subcontractor (AS) _____ Date _____
 Contractor _____ Date _____
 Professional Services Consultant (PSC)* _____ Date _____

Campus* _____ Date _____
 Board of Trustees of the University of Illinois – Interim Comptroller*, Paul N. Ellinger

* Approvals only required for Contractor's Change Order