|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Contractor Name |       |  | Change Directive No. |       |
| Contact |       |  | Project Number |       |
| Address |       |  | Project Name |       |
| City, State ZIP |       |  | Project Location |       |
| **Basis of Change Directive** |  |  |  |
| [ ]  | Error / Omission |  | [ ]  | Differing Site Condition |  | **Adjustment to Contract Sum** (indicate if zero cost) |
| [ ]  | Owner Request |  | [ ]  | Field Resolution |  | Add: | $ |       | Deduct: | $ |       |
| [ ]  | Value Engineering |  | [ ]  |       |  |  |
|  |
| **Adjustment to Contract Time** |  | **Cost Basis** (check all that apply) |
| [ ]  | No Change |     |  Days Added |     |  Days Deducted |  | [ ]  | Time & Material Not to Exceed |  | [ ]  | Fixed Price |
|  |  | [ ]  | Allowance (described below) |  | [ ]  | Unit Price |
|  |
| **Your company is authorized and directed to proceed with the following (attach additional sheets if needed):** |
|  |
|       |
|  |
| **Justification** |
|  |
|       |

|  |
| --- |
| Special Notice: This Change Directive identifies satisfaction of all compensation and time adjustments related to this change in the Work. |
|  |  |  | The University of Akron |
|  |  |  | Lincoln Building, 3rd Floor |
|  |  |  | Akron, Ohio 44325-0405 |
| **Architect/Engineer / Criteria A/E Recommendation** |  |  | **Owner Acceptance** |
|  | Name |       |  |  |  | Name |       |
|  |  |  |       |  |  |  |  |  |       |
|  | Signature |  | Date |  |  |  | Signature |  | Date |
| **CM Adviser / Owner Agent Recommendation** (if any) |  |  | **Project Manager Recommendation** |
|  | Name |       |  |  |  | Name |       |
|  |  |  |       |  |  |  |  |  |       |
|  | Signature |  | Date |  |  |  | Signature |  | Date |
| **Contractor Concurrence** |  |  | **Contracting Authority Approval** |
|  | Name |       |  |  |  | Name |       |
|  |  |  |       |  |  |  |  |  |       |
|  | Signature |  | Date |  |  |  | Signature |  | Date |