

SECTION 01 26 39 FORM FOR FIELD ORDER

Field Order Number: Project Name: Facility Name: SBC Number:

Fund Type to Be Used:

Description of Usage:

Justification of Usage:

The original Sum of the (Insert fund name) fund: Net change(s) previously authorized: The Sum prior to this Modification: This Modification amends (insert fund name) fund:

This modification does NOT change Contract time. If a change in time is required, it shall be accomplished by a Change Order.

CONTRACTOR: The costs associated with the usage of these funds must be submitted on Form 01 26 54 (Form for Price Summary) and 01 26 55 (Form for Price of Work), along with 01 26 57 (Labor Burden Calculation).

DESIGNER: Shall verify that proposed price and need for Fund Usage are in the best interest of the Owner to have the work accomplished.

OWNER: Has verified proposed pricing and shall verify proposed pricing and agrees to the usage of these Funds as being in the best interest to the Owner and verifies that adequate funds are available to pay the cost for the accomplished work.

	Contractor		Designer		Owner
By:		By:		By:	
For:		For:		For:	Department of General Services
Date:		Date:		Date:	