



SECTION 01 26 40
FORM FOR CHANGE ORDER

Change Number:
Project Name:
Facility Name:
SBC Number:

Contract Execution Date:
Change Order Initiation Date:

Item	Reference	Work to be performed	Contract Sum	Contract Time
1.	PCO No. XX			
2.	PCO No. YY			

The original Contract Sum:
Net change(s) previously authorized:
The Contract Sum prior to this Modification:
This Modification amends the Contract Sum by:
The new Contract Sum, including this Modification:
This Modification amends the Contract Time by:
The new Contract Time, including this Modification:
The last day of the Contract Time, including this Modification:

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