UNIVERSITY OF NEBRASKA
CHANGE ORDER

PROJECT:   CONTRACT DATE:  

PROJECT NUMBER:   P.O. NUMBER:  

CONTRACTOR’S NAME & ADDRESS:   ACCOUNT NUMBER:  

CHANGE ORDER NO. & CONTRACT TYPE: No. #  

INITIATION DATE:  

You are directed to proceed with the following changes to the contract:

Reference Letters  Description  Amount  

The original Contract Sum was
Net change by previously authorized Change Orders
The Contract Sum prior to this Change Order was
The Contract Sum will be decreased by this Change Order
The new Contract Sum including this Change Order will be
The Contract time will remain unchanged.                     (  0   ) Days
The date of Substantial Completion as of the date of the Change Order is

This Change Order is not valid until signed by the Owner’s Representative or by the Owner’s Representative and the Engineer when signature by the Engineer is required by the Contract. Signature by the contractor indicates his agreement, including any adjustment in the Contract Sum or Contract Time.

Univ. of Nebraska Medical Center
OWNER’S REPRESENTATIVE
987100 Nebraska Medical Center
Address
Omaha, Nebraska 68198-7100

Authorized By
Authorized By
Authorized By

Date
Date
Date

ENGINEER

CONTRACTOR

Address

Address