

**UNIVERSITY OF NEBRASKA
CHANGE ORDER**

Distributed To: Owner's Representative
 Engineer
 Contractor
 Field
 Other

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
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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.

ENGINEER	CONTRACTOR	Univ. of Nebraska Medical Center
Address	Address	OWNER'S REPRESENTATIVE
		987100 Nebraska Medical Center
		Address
		Omaha, Nebraska 68198-7100
Authorized By	Authorized By	Authorized By
Date	Date	Date