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**PROPOSAL  
REQUEST**

OWNER   
ARCHITECT   
CONSULTANT   
CONTRACTOR   
FIELD   
OTHER

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PROJECT: (Name and address)

PROPOSAL REQUEST NO.:

DATE OF ISSUANCE:

FROM OWNER: (Name and address)

CONTRACT FOR:

CONTRACT DATED:

TO CONTRACTOR: (Name and address)

ARCHITECT'S PROJECT NO.:

ARCHITECT: (Name and address)

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Please submit an itemized proposal for changes in the Contract Sum and Contract Time for proposed modifications to the Contract Documents described herein. Submit proposal within \_\_\_\_\_ days, or notify the Architect in writing of the date on which you anticipate submitting your proposal.

THIS IS NOT A CHANGE ORDER, A CONSTRUCTION CHANGE DIRECTIVE OR A DIRECTION TO PROCEED WITH THE WORK DESCRIBED IN THE PROPOSED MODIFICATIONS.

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Description:

Attachments:

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REQUESTED BY:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed name and title)

Proposal Request May 25, 2001  
University of Nebraska Medical Center  
Facilities Management and Planning