



Washington State Department of

Enterprise Services

FACILITIES DIVISION

ENGINEERING & ARCHITECTURAL SERVICES (E&AS)

CONSTRUCTION FIELD

AUTHORIZATION (FA)

CONTRACT NO.

AGENCY

FA No.

PROJECT TITLE

DESCRIPTION OF CHANGE IN THE WORK

TO: _____ (CONTRACTOR) REQUEST DATE: _____

When authorized by E&AS, you are directed to proceed with work as described below and/or detailed on the attachments referred hereto:

- REASON FOR CHANGE:
- DESIGN ERRORS
 - DESIGN OMISSIONS
 - AGENCY
 - VALUE ENGINEERING
 - CODE REQUIREMENTS
 - LATENT CONDITIONS
 - ALTERNATIVE PUBLIC WORKS CONSTRUCTION PHASE (W)

EXPLANATION:

CHANGE ORIGINATED BY _____
NAME COMPANY

PROPOSED MAXIMUM SUM/TIME

CONTRACT SUM:

- NO CHANGE
- INCREASE
- DECREASE

TO THE CONTRACT SUM WITHIN THE PROPOSED MAXIMUM COST OF:

_____ DOLLARS \$ _____

The above amount covers the maximum amount required in connection with the change. Washington State sales tax not included.

CONTRACT TIME:

- NO CHANGE
- INCREASE
- DECREASE

OF: _____ CALENDAR DAYS

COST DATA COLLECTION

Cost data required by one of the following methods in accordance with the General and Supplemental Conditions.

- DETAILED COST BREAKDOWN
- UNIT PRICE
- ACTUAL PRICE

METHOD OF MEASUREMENT

Time & Material with daily work sheets that list the name, trade, firm, hours, itemized materials, equipment and other job related costs. Contractor must obtain verification of hours from _____ (Owner's Rep) within _____ days from the day work was performed. Cost data required by: _____ (Date)

DIRECTION TO PROCEED

Contractor agrees to perform the work described above for the proposed maximum cost and time as shown above. Contractor agrees to give notice to Owner immediately if time or cost will be exceeded.

\$ _____
FINAL COST

ACCEPTED BY CONTRACTOR _____ DATE _____

CONTRACTOR _____ DATE _____

Proposal reviewed & proposed maximum cost is reasonable.

Final cost breakdown has been reviewed and final cost is accepted.

APPROVED BY A/E _____ DATE _____

A/E _____ DATE _____

FUNDING VERIFICATION BY AGENCY _____ DATE _____

AGENCY _____ DATE _____

AUTHORIZED BY E&AS _____ DATE _____

E&AS _____ DATE _____

Payment for work authorized by this FA will not be made prior to incorporation of this FA into a Change Order to the contract by the Department of Enterprise Services.

COST VERIFICATION

E&AS _____ DATE _____

FINAL APPROVAL