FACILITIES DIVISION

ACCS FORM 2-F

***NOTE: Any Change Orders without documented ACCS Facilities Division approval will be at the expense of the Architect and/or the Contractor.**

CONTRACT CHANGE ORDER

ACCS PROJECT#:	
CHANGE ORDER#:	
DATE:	

PROJECT:

TO: <Contractor Company Name>

Address:	

TERMS: You are hereby authorized, subject to the provisions of your Contract for this project, to make the following changes thereto in accordance with your proposal(s) dated:

FURNISH the necessary labor, materials, and equipment to:
(Description of work to be done or changes to be made. If the description is continued in an attachment, identify the attachment below.)

Review/Initial of Regional Facilities Director _____

ACCS FORM 2-F

ORIGINAL CONTRACT SUM:		ORIGINAL SUBSTANTIAL COMPLETION DATE:	
NET TOTAL OF PREVIOUS CHANGE ORDERS:		ORIGINAL CONTRACT DURATION (DAYS):	
PREVIOUS REVISED CONTRACT SUM:	$ 0.00	NET TOTAL OF DAYS FROM PREVIOUS CHANGE ORDERS:	0
THIS CHANGE ORDER WILL: ◯ INCREASE ◯ DECREASE ◯ USE ALLOWANCES		THIS CHANGE ORDER WILL: ◯ INCREASE ◯ DECREASE	
THE CONTRACT SUM BY:		THE CONTRACT DURATION BY (DAYS)	0
REVISED CONTRACT SUM, INCLUDING THIS CHANGE ORDER:	$ 0.00	REVISED CONTRACT DURATION, INCLUDING THIS CHANGE ORDER:	
The amount of this Change Order will be the responsibility of: <Select Client>		REVISED SUBSTANTIAL COMPLETION DATE, INCLUDING THIS CHANGE ORDER:	

The **OWNER** does hereby certify that this **CHANGE ORDER** was executed per the provisions of Title 39, Code of Alabama, 1975, as amended.

RECOMMENDED BY

_____
ARCHITECTURAL/ENGINEERING FIRM

BY: _____

NAME: _____

TITLE: _____

APPROVALS

_____
COMMUNITY COLLEGE PRESIDENT

BY: _____
SIGNATURE OF OFFICER

NAME: _____

TITLE: _____

ALABAMA COMMUNITY COLLEGE SYSTEM (ACCS)

BY: _____ DATE: _____
CHIEF FACILITIES OFFICER

CONTRACTING PARTIES

_____
CONTRACTOR COMPANY

BY: _____

NAME: _____

TITLE: _____

ALABAMA COMMUNITY COLLEGE SYSTEM
(AS OWNER)

BY: _____
CHANCELLOR

CONSENT OF SURETY

_____
SURETY COMPANY

BY: _____
(ATTACH CURRENT POWER OF ATTORNEY)

Review/Initial of Regional Facilities Director _____