



CHANGE ORDER REQUEST FORM
UNIVERSITY OF ILLINOIS SPRINGFIELD

Project associated with Change Order

Project Manager: _____ Project Title: _____
Contractor: _____ Project Number: _____

Who is Requesting this Change Order?

Contact Name: _____ Contact Phone: _____
Department: _____ Contact Fax: _____
Contact Email: _____ Date Requested: _____

Project Change Request Description

Description of Changes Requested:

Reason For Change:

Support and Justification Docs: (List all attached documents supporting the requested change; justify any increased cost and time)

Specifications:

Risk Management/Impact of Change:

Department Authorization for Change Order

** By signing this Acknowledgement, I agree that my electronic signature is the legally binding equivalent to my handwritten signature. Whenever I execute an electronic signature, it has the same validity and meaning as my handwritten signature. I will not, at any time in the future, repudiate the meaning of my electronic signature or claim that my electronic signature is not legally binding.*

Request Form Approval via Electronic Signature:

Business/Financial Manager

Date

I understand that checking this box constitutes a legal signature confirming that I acknowledge and warrant the truthfulness of the information provided in this document.

Department Head

Date

I understand that checking this box constitutes a legal signature confirming that I acknowledge and warrant the truthfulness of the information provided in this document.

Project & Change Order Details

Project Name: _____ Change Order Number: _____
 Project Number: _____

Change in Price		Change in Times	
Original Price		Original Times	
Net Increase/Decrease		Net Increase/Decrease	
NetChanges of Previous Change Orders		Net Changes of Previous Change Orders in Days	
Total Price With Approved Changes		Total Time With Approved Changes	

Revised Contractor Amounts			
Contractor or Trade		Contractor or Trade	
Original Price		Original Price	
Total Price		Total Price	
Contractor or Trade		Contractor or Trade	
Original Price		Original Price	
Total Price		Total Price	
Contractor or Trade		Contractor or Trade	
Original Price		Original Price	
Total Price		Total Price	
Contractor or Trade		Contractor or Trade	
Original Price		Original Price	
Total Price		Total Price	
Contractor or Trade		Contractor or Trade	
Original Price		Original Price	
Total Price		Total Price	

Final Authorization for Change Order:

** By signing this Acknowledgement, I agree that my electronic signature is the legally binding equivalent to my handwritten signature. Whenever I execute an electronic signature, it has the same validity and meaning as my handwritten signature. I will not, at any time in the future, repudiate the meaning of my electronic signature or claim that my electronic signature is not legally binding.*

Request Form Approval via Digital Signature:

 Business/Financial Manager

 Date

I understand that checking this box constitutes a legal signature confirming that I acknowledge and warrant the truthfulness of the information provided in this document.

 Dean/Director/Division Head (\$8k-\$25k)

 Date

I understand that checking this box constitutes a legal signature confirming that I acknowledge and warrant the truthfulness of the information provided in this document.

 Vice Chancellor or Provost (\$25k+)

 Date

I understand that checking this box constitutes a legal signature confirming that I acknowledge and warrant the truthfulness of the information provided in this document.