

Change Request

Change Request Title:		Change Request No.	
Project Title:		Request Date:	
Requesting Organization / Contractor Name:		Requestor Name:	
Contract/P.O. No.		Personnel consulted regarding this Change:	
List Other Contractors Impacted by this Change: Must be present at Change Review Board			
Change Impact Area: (Check all that apply)	<input type="checkbox"/> Engineering Design <input checked="" type="checkbox"/> Schedule <input type="checkbox"/> Subcontractor <input checked="" type="checkbox"/> Scope	Change Type: (Check one)	<input checked="" type="checkbox"/> Addition <input type="checkbox"/> Substitution <input type="checkbox"/> Reduction <input type="checkbox"/> Rework
Description of Change: Mandatory – Attach Supporting Documents			
Reason for Change: Mandatory – Attach Supporting Documents			
Alternative Analyses: Mandatory – Attach Supporting Documents (List all alternatives that were considered)			
Impacts and Risks Identified: Mandatory – Attach Supporting Documents (Schedule, Safety, Fiscal Year Spend Shift, Operations, etc.)			
Affected Documents: (Specs, Drawings, etc.)		References: (Letters, Email, PCN No's., etc.)	
Cost Impact of this Change			
Cost Impact (Rough Order of Magnitude)		Initiation	
Contract Price Adjustment? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Requestor Signature (sign & print): Alan Albert	Date: 8/22/11
Estimated Cost			
Estimated Fee			
Contract Price Adjustment			
Overhead Cost (internal only)	\$	Submit completed and signed original form to Contract Administrator.	
Total Project Adjustment (Contract Adj plus OH)	\$	To be dispositioned at Change Review Board before Work begins.	
Fiscal Year Spending	2009 \$	2010	2011
			2012 \$
Emergency Only			
Is immediate action required for safety or to avoid stopping work in progress? Yes X No	Authorization to Proceed by Contract Administrator (or Designee):		Signature:
* Instructs contractor to proceed with work in this Change Request. No amendment, alteration or modification of the Contract/Agreement shall be binding unless made pursuant to a written Contract Change Order issued by the Buyer. * IF signed by Designee, deliver completed & signed original form to Contract Administrator within 24 hours of emergency signature for C. A. initials and distribution.			
To be completed by the Change Review Board			
Disposition:	<input type="checkbox"/> Change Request Approved <input type="checkbox"/> Contractor Detailed Change Notice /Proposal Required? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Change Request Rejected NOTE: Contractor's Change Notice/Proposal is due to XXXX within 10 days following approval of this Change.		
Contract Administrator Signature:			Date:
Sr. V.P. Signature:			Date:

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Project Impact - To be completed by Project Manager

PMP Number (if applicable) :

Contract/P.O. Original Value:

Contract/P.O. cumulative JTD Change Orders:

Contract/P.O. JTD Cost:

Cite Section Number of Work Scope that this Change pertains to:

Has the Financial Analyst or Cost Engineer been consulted? Yes No

Can this Change be funded out of current available project contingency

Do other financial control boards need to be consulted ? Yes No

Project Manager Comments:

Project Manager Signature (sign & print):

Date:

To be completed by the Change Review Board