

SECTION 00 63 63 – CHANGE ORDER

PART 1 - GENERAL

- 1.1 RELATED DOCUMENTS (Not Applicable)
- 1.2 SUMMARY (Not Applicable)
- 1.3 DEFINITIONS (Not Applicable)
- 1.4 CHANGE ORDER
 - A. State of Colorado form “Change Order” (SC-6.31).
 - B. A copy of the above noted form is attached to the end of this section.
- 1.5 PROCEDURE (Not Applicable)

PART 2 - PRODUCTS (Not Applicable)

PART 3 - EXECUTION (Not Applicable)

END OF SECTION 00 63 63



STATE OF COLORADO
OFFICE OF THE STATE ARCHITECT
STATE BUILDINGS PROGRAM

CHANGE ORDER

Change Order No: _____ Contract ID No. _____ Date _____

Contractor: _____

Institution or Agency: _____

Project No./Name: _____

Your Change Order Proposal(s), dated _____ is hereby being designated for approval of the following work:

(Note: If more space is needed for description of work, attach additional 8-1/2" x 11" sheets hereto.)

This change order was originated by the Contractor ☐, Architect/Engineer ☐, State ☐, and I/We do hereby recommend acceptance and approval of the change to the Contractor's Agreement Dated _____ which is by this reference, made a part hereof, and identified as Exhibit _____ with an increase ☐, a decrease ☐, no change ☐, of \$_____.

The Time of Completion is extended _____ calendar days ☐, is unchanged ☐, is reduced ☐ calendar days, from the total number of days listed in the Contractor's Agreement to complete the entire Project. The revised total number of days to complete the entire Project aggregating this Change Order and previously approved Change Order(s) per the Summary of Changes chart below, is _____ calendar days. If the completion date was extended or reduced, the new completion date of the Project is _____ (M/D/YYYY).

SUMMARY OF CHANGES			
	Description of Work/Date	Time of Completion/ Calendar Days Extended/Reduced	Dollar Amounts
Original Contract			
Change Order #1			
Change Order #2			
Current Totals			

*Persons signing for Architect/Engineer/Contractor hereby swear and affirm that they are authorized to act on Architect/Engineer/Contractor's behalf and acknowledge that the State is relying on their representations to that effect. **Principal is not a recognized title and will not be accepted.**

Architect/Engineer Firm	Name and Title (print)	Date
	Signature	
Contractor (Name of Firm)	Name and Title (print)	Date
	Signature	
Institution or Agency	Name and Title (print)	Principal Representative (Signature)
		Date

CONTRACT STATUS							
Original Contract Value _____ Previous increases by CO/Amend _____ Previous decreases by CO/Amend _____ Value After Prior CO's/Amend _____ This CO/Amend _____ Increases <input type="checkbox"/> Decreases <input type="checkbox"/> _____ CURRENT CONTRACT VALUE _____	<table style="width: 100%; border: none;"> <tr> <td style="border-bottom: 1px solid black; width: 80%;">STATE BUILDINGS PROGRAM (or Authorized Delegate)</td> <td style="border-bottom: 1px solid black; width: 20%;">DATE</td> </tr> <tr> <td style="border-bottom: 1px solid black;">STATE CONTROLLER (or Authorized Delegate)</td> <td style="border-bottom: 1px solid black;">DATE</td> </tr> <tr> <td colspan="2" style="text-align: right; padding-top: 10px;">(Verification)</td> </tr> </table>	STATE BUILDINGS PROGRAM (or Authorized Delegate)	DATE	STATE CONTROLLER (or Authorized Delegate)	DATE	(Verification)	
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