



# Change Order Request Form

Contract No: \_\_\_\_\_ Submitted By: \_\_\_\_\_

C/O No: \_\_\_\_\_ Title: \_\_\_\_\_

PO No: \_\_\_\_\_ Phone: \_\_\_\_\_

CCN: \_\_\_\_\_ Date Prepared: \_\_\_\_\_

## **Affected Areas:**

**Select all that apply.**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Project End Date   | <input type="checkbox"/> Phase Timeframe | <input type="checkbox"/> Contract Amount |
| <input type="checkbox"/> Deliverables/Tasks | <input type="checkbox"/> New Services    | <input type="checkbox"/> Project Scope   |

## **Contract Information:**

Total Contract Amount: \_\_\_\_\_ Project End Date: \_\_\_\_\_

Cost of C/O Adjustment: \_\_\_\_\_ Revised Project End Date: \_\_\_\_\_

Revised Contract Total: \_\_\_\_\_

**Description of change, personnel responsible, specifications (if applicable), implementation plan (if applicable), and acceptance criteria (attach additional sheets if necessary):**

**Benefit/Reason:**

**Note: This Change Order consists of \_\_\_\_\_ pages.**



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**Impact Analysis (i.e. cost, timeframe, acceptance criteria, and/or services):**

**Change Order Decision:**

- Approved     
  Approved with Conditions     
  Rejected     
  Need More Info

**Conditions:**

**Approval:**

By signing below, I indicate that I have reviewed, understand, and approve of the Change Order Request. This document, signed by the individuals below, signifies acceptance and will be recognized as official and final.

**Consultant:**

**Bernalillo County:**

\_\_\_\_\_ Date

Project Manager

\_\_\_\_\_ Date

\_\_\_\_\_ Date

\_\_\_\_\_ Date

\_\_\_\_\_ Date

Project Manager

\_\_\_\_\_ Date

Purchasing

\_\_\_\_\_ Date

Department Director

\_\_\_\_\_ Date

County Manager

\_\_\_\_\_ Date

County Legal

\_\_\_\_\_ Date

**Note: This Change Order consists of \_\_\_\_\_ pages.**