When authorized by CPS, you are directed to proceed with work as described below and/or detailed on the attachments referred hereto:

**REASON FOR CHANGE**

Additional information about the reason for the change.

**CHANGE ORIGINATED BY**

(name) (company)

It is our opinion that this work will result in a change to the contract. You are authorized as follows:

- Box to select an option: **INCREASE**  NO CHANGE  **DECREASE**

**TO THE CONTRACT AMOUNT WITHIN THE MAXIMUM COST OF:**

- Fill in the maximum cost

**CONTRACT COMPLETION DATE:**

- Fill in the completion date

Payment for work authorized by this FA will not be made prior to incorporation of this FA into a Change Order.

**DATE COST DATA REQUIRED BY**

- Fill in the date

Cost data required by one of the following methods in accordance with the General and Supplemental Conditions.

- **UNIT PRICE**
- DETAILED COST BREAKDOWN
- ACTUAL COST: T&M with daily work sheets that list the name, trade, firm, hours, itemized materials, equipment and other job related costs. Contractor must obtain verification of hours from (Owner's Rep.) within ___ days from the day work was performed.

The above amount covers the maximum amount required in connection with the change.

**ACCEPTED BY**

- Fill in the contractor and date

We have carefully examined this proposal and find the maximum cost to be reasonable.

**APPROVED BY**

- Fill in A/E and date

**AUTHORIZED BY**

- Fill in CPS and date

The final cost breakdown has been examined and is reasonable.

**COST VERIFICATION**

- Fill in CPS and date