



## Change Order Information

Master Contract ID: \_\_\_\_\_ Contract ID/Shell No.: \_\_\_\_\_  
(if applicable)

MPCA Contractor name: \_\_\_\_\_ Change Order No.: \_\_\_\_\_

Contractor's Project Manager: \_\_\_\_\_ Phone: \_\_\_\_\_

MPCA's Project Manager: \_\_\_\_\_ Phone: \_\_\_\_\_

Funding information: \_\_\_\_\_ Purchase Order No.: \_\_\_\_\_

Project/Site name: \_\_\_\_\_ Job code/Leak number: \_\_\_\_\_  
(if applicable)

The **revised** work plan, budget detail sheet, and/or schedule must be attached to this form. The revisions should be shown in **strikeout and underline**. Change Orders cannot exceed 10% of the original Contract dollar amount and cannot exceed \$50,000.

## Contingency Use

Initial contingency or remaining contingency amount: \_\_\_\_\_

Select one and input costs:

State Contractor  Subcontractor  PCA Contractor \_\_\_\_\_

Contractor labor: \_\_\_\_\_

Contractor equipment/expenses: \_\_\_\_\_

**Total this change order:** \_\_\_\_\_

Amount remaining in contingency: \_\_\_\_\_

Fund after this change order: \_\_\_\_\_

Explanation: \_\_\_\_\_

## Task Change - No Contingency Use

Explanation: \_\_\_\_\_

## Verbal Authorization (If applicable. Must be authorized in Original Contract.)

Verbal authorization for the items listed/checked above was given by MPCA Authorized Representative or Project Manager:

Name: \_\_\_\_\_ Date (mm/dd/yyyy): \_\_\_\_\_

## Signatures (The Work Order Change Order form must be signed by the MPCA Authorized Representative, or his/her delegate, and the MPCA Contractor. The signature below authorizes the Contractor to proceed with the items checked above. MPCA Contractor is responsible for obtaining signatures for 1a and/or 1b, if applicable.)

<p><b>1. MPCA Contractor</b> name (print): _____</p> <p>Signature: _____</p> <p>Title: _____ Date: _____</p>	<p><b>1a. State Contractor</b> name (print): _____ <small>(if applicable)</small></p> <p>Signature: _____</p> <p>Title: _____ Date: _____</p>
<p><b>2. MPCA Authorized Rep or delegate</b> name (print): _____</p> <p>Signature: _____</p> <p>Title: _____ Date: _____</p>	<p><b>1b. Subcontractor</b> name (print): _____ <small>(if applicable)</small></p> <p>Signature: _____</p> <p>Title: _____ Date: _____</p>

- Distribution:**
- Contractor (1 original)
  - Fiscal File (1 original – Contracts Unit Purchasing Specialist, 6<sup>th</sup> floor);  
Scanned, electronic copy will be provided to the Project Manager and Contract Manager