

STATE AID FOR LOCAL TRANSPORTATION
CHANGE ORDER

June 2008

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City/County of _____

Change Order No. _____

FEDERAL PROJECT NO.	STATE AID PROJECT NO.	LOCAL PROJECT NO.	CONTRACT NO.	
CONTRACTOR NAME	ADDRESS	CITY	STATE	ZIP
LOCATION OF WORK:		TOTAL CHANGE ORDER AMOUNT \$		

In accordance with the terms of this Contract, you are hereby authorized and instructed to perform the work as altered by the following provisions.

(Describe work and justification for Change Order.

(See examples at: <http://www.dot.state.mn.us/const/tools/cosamples.html>)

COST BREAKDOWN

Group/ *Fund Cat.	Item No.	Description	Unit	Unit Price	Quantity	Amount
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(List items)

*Group/Funding category is required for federal projects.

CHANGE IN CONTRACT TIME (check one)	
Due to this change, the Contract Time:	
a. <input type="checkbox"/> Is Increased by _____ Working Days	b. <input type="checkbox"/> Is Not Changed
<input type="checkbox"/> Is Decreased by _____ Working Days	
<input type="checkbox"/> Is Increased by _____ Calendar Days	c. <input type="checkbox"/> May be revised if work affected the controlling operation
<input type="checkbox"/> Is Decreased by _____ Calendar Days	

Approved by Project Engineer: _____	Approved by Contractor: _____
Print Name: _____	Print Name: _____
Date: _____ Phone: _____	Date: _____ Phone: _____

Original to Project Engineer; Copy to Contractor

Once contract has been fully executed, forward a copy to DSAE for funding review:
The State of Minnesota is not a participant in this contract, signing by the District State Aid Engineer is for FUNDING PURPOSES ONLY. Reviewed for compliance with State and Federal Aid Rules/Policy. Eligibility does not guarantee funds will be available.
This project is eligible for: ___ Federal Funding ___ State Aid Funding ___ Local funds
District State Aid Engineer: _____ Date: _____