



STATE OF MONTANA
DEPARTMENT OF MILITARY AFFAIRS
CONSTRUCTION FACILITIES MANAGEMENT OFFICE
 1956 Mt. Majo St. • P.O. Box 4789 • Fort Harrison, MT
 Phone: 406 324-3100 • Fax: 406 449-5148

CONTRACT CHANGE ORDER

Project Name: _____ DMA #: _____
 Location: _____ Chg. Order #: _____
 Contractor: _____ Date: _____
 Address: _____ Phone: _____

The Contractor is hereby directed to make the following changes in the Contract:

ITEM NO.	DESCRIPTION/UNIT BREAKDOWN/UNIT COSTS (Indicate Critical Path Schedule impact for each Item)	COST (Indicate + or -)
TOTAL FROM PAGE 2		
SUBTOTAL (Labor & Materials) =		
O&P Included above:	Calculate O&P	Overhead & Profit @ ____ % =
TOTAL COST (This Change Order Only) =		

Change In Contract Duration/Time By This Change Order:

No Change Increase Decrease BY ____ CALENDAR DAYS.

NEW CONTRACT COMPLETION DATE:

CONTRACT STATUS	
1. Original Contract Amount	
2. Net Change by Previous Change Order(s)	
3. Current Contract Amount (1+2)	
4. This Change Order Total Amount	
5. New Contract Amount (3+4)	
6. Total Cost of All Change Orders to Date (2+4)	

DMA #: _____
Change Order #: _____

ITEM NO.	DESCRIPTION/UNIT BREAKDOWN/UNIT COSTS (Indicate Critical Path Schedule impact for each Item)	COST (Indicate + or -)
SUBTOTAL (Labor & Materials) this page only. Carry forward to first page. =		

DMA #: _____
Change Order #: _____

JUSTIFICATION FOR CHANGE(S) (To be completed by Architect/Engineer):
Describe the details which mandate the change(s).

JUSTIFICATION FOR COST ADJUSTMENT (To be completed by Architect/Engineer):
Describe the basis used to calculate the cost adjustment.

JUSTIFICATION FOR SCHEDULE ADJUSTMENT (To be completed by Architect/Engineer):
Describe the impact of adjustment(s) to the critical path.

APPROVALS

By signature on this change order, the Contractor certifies that this change order is complete and includes all direct costs, indirect costs and consequential items (including additional time, if any) and is free and clear of any and all claims or disputes (including, but not limited to, additional costs, additional time, disruptions, and impacts) in favor of the Contractor, subcontractors, material suppliers, or other persons or entities concerning this change order and on all previously contracted Work and does hereby release the Owner from such.

Approved by Contractor: _____ By: _____ Date: _____
Recommended by
Architect/Engineer: _____ By: _____ Date: _____

Surety Consent: SURETY CONSENT IS REQUIRED IF THE TOTAL AMOUNT OF ALL CHANGE ORDERS (LINE 6) EXCEEDS 10% OF THE ORIGINAL CONTRACT AMOUNT.

The Surety consents to this Contract Change Order and agrees that its bond or bonds shall apply and extend to the Contract as modified or amended per this Change Order. The principal and the Surety further agree that on or after execution of this consent, the penalty of the applicable Performance Bond and Labor & Material Bond is increased by:

_____ (_____)
By One Hundred Percent (100%) of ALL Change Orders

Countersigned by Resident Agent: _____ Date: _____

Surety: _____

Recommended by: DMA Project Manager: _____ Date: _____

Accepted by: Montana Dept. of Military Affairs: _____ Date: _____
Construction Facilities Management Office