

**Change Directive (Field Work Order)**

**State of Ohio Standard Forms and Documents**

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| Contractor Name | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | Change Directive No. | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| Contact | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | Contract No. | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| Address | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | Project Name | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| City, State, Zip | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | Project Location | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Basis of Change Directive:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **\_\_\_\_\_** | Error /Omission | **\_\_\_\_\_** | Differing Site Condition | **Adjustment to Contract Sum** (indicate if zero cost) |
| **\_\_\_\_\_** | Owner Request | **\_\_\_\_\_** | Field Resolution  | Add: | $\_\_\_\_\_\_\_\_\_\_\_\_ | Deduct: | $\_\_\_\_\_\_\_\_\_\_\_\_ |
| **\_\_\_\_\_** | Value Engineering | **\_\_\_\_\_** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| **Adjustment to Contract Time** | **Cost Basis** (check all that apply) |
| **\_\_\_\_\_** | No Change | **\_\_\_\_\_** | Days Added | **\_\_\_\_\_** | Days Deducted | **\_\_\_\_\_** | Time & Material Not to exceed | **\_\_\_\_\_** | Fixed Price |
|  |  |  |  |  |  | **\_\_\_\_\_** | Allowance (describe below) | **\_\_\_\_\_** | Unit Price |

**Your company is authorized and directed to proceed with the following (attach additional sheets if needed):**

**Justification:**

|  |
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| Special Notice: This Change Directive identifies satisfaction of all compensation and time adjustments related to this change in the work. |

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|  | **CMR Concurrence**  |
|  | Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ |
|  |  | Signature | Date |
|  |  |  |  |
| **Architect / Engineer Recommendation** |  | **Owner Acceptance**  |  |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ |
| Signature | Date | Signature | Date |