

**Change Directive (Field Work Order)**

**State of Ohio Standard Forms and Documents**

|  |  |  |  |
| --- | --- | --- | --- |
| 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:**

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

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