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ALLOWANCE EXPENDITURE DIRECTIVE FORM

San Rafael City Schools
310 Nova Albion Way
San Rafael, CA 94903

ALLOWANCE EXPENDITURE DIRECTIVE NO.:

ALLOWANCE EXPENDITURE DIRECTIVE

Project: _____ **Date:** _____
DSA File No.:_____
Bid No.: _____ **DSA Appl. No.**_____

The following parties agree to the terms of this Allowance Expenditure Directive ("AED"):

Owner Name, Address, Telephone:

_____
_____
_____

Contractor Name, Address, Telephone:

_____
_____
_____

Reference	**Description**	**Allowance Authorized for Expenditure**
Request for AED # Requested by: Performed by: Reason:	[Description of unforeseen item relating to Work] [Requester] [Performer] [Reason]	$
Request for AED # Requested by: Performed by: Reason:	[Description of unforeseen item relating to Work] [Requester] [Performer] [Reason]	$
Request for AED # Requested by: Performed by: Reason:	[Description of unforeseen item relating to Work] [Requester] [Performer] [Reason]	$

Total Contract Allowance Amount:	$
Amount of Previously Approved Allowance Expenditure Directive(s):	$
Amount of this Allowance Expenditure Directive:	$

The undersigned Contractor approves the foregoing release of allowance for completion of each specified item, and agrees to furnish all labor, materials and services and perform all work necessary to complete any additional work specified for the consideration stated therein ("Work"). Submission of sums which have no basis in fact or which Contractor knows are false are at the sole risk of Contractor and may be a violation of the False Claims Act set forth under Government Code section 12650, et seq.

This Allowance Expenditure Directive must be signed by an authorized District representative.

It is expressly understood that the authorized allowance expenditure granted herein represents a full accord and satisfaction for any and all cost impacts of the items herein, and Contractor waives any and all further compensation based on the items herein. The value of the extra work or changes expressly includes any and all of the Contractor's costs and expenses, and its subcontractors, both direct and indirect. Any costs, expenses, or damages not included are deemed waived.

Signatures:

DISTRICT: SAN RAFAEL CITY SCHOOLS Date: _____ By:_____ [Print Name and Title here]	**CONTRACTOR:** _____ Date: _____ By:_____ [Print Name and Title here]
ARCHITECT: _____ Date: _____ By:_____ [Print Name and Title here]	**PROJECT INSPECTOR:** _____ Date: _____ By:_____ [Print Name and Title here]

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