DOCUMENT 00 63 63

CHANGE ORDER FORM

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

CHANGE ORDER NO.:

CHANGE ORDER

Project: _____
Bid No.: _____

Date: _____
DSA File No.: _____
DSA Appl. No.:_____

The following parties agree to the terms of this Change Order:

Owner: _____
[Name / Address]
_____
_____

Contractor: _____
[Name / Address]
_____
_____

Architect: _____
[Name / Address]
_____
_____

Project Inspector: _____
[Name / Address]
_____
_____

Reference	**Description**	**Cost**	**Days Ext.**
PCO # Requested by: Performed by: Reason:	[Description of change] [Requester] [Performer] [Reason]	$	
PCO # Requested by: Performed by: Reason:	[Description of change] [Requester] [Performer] [Reason]	$	
PCO # Requested by: Performed by: Reason:	[Description of change] [Requester] [Performer] [Reason]	$	

Contract time will be adjusted as follows: Previous Completion Date: [Date] _____[#] Calendar Days Extension (zero unless otherwise indicated) Current Completion Date: [Date]	Original Contract Amount:	$
	Amount of Previously Approved Change Order(s):	$
	Amount of this Change Order:	$
	Contract Amount:	$

The undersigned Contractor approves the foregoing as to the changes, if any, to the Contract Price specified for each item, and as to the extension of time allowed, if any, for

completion of the entire work as stated therein, 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. 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 change order is subject to approval by the governing board of this District and must be signed by the District. Until such time as this change order is approved by the District's governing board and executed by a duly authorized District representative, this change order is not effective and not binding.

It is expressly understood that the compensation and time, if any, granted herein represent a full accord and satisfaction for any and all time and cost impacts of the items herein, and Contractor waives any and all further compensation or time extension 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, resulting from additional time required on the project or resulting from delay to the project including without limitation, cumulative impacts. Any costs, expenses, damages or time extensions not included are deemed waived.

Signatures:

District:		Contractor:	
_____	_____	_____	_____
[Name]	Date	[Name]	Date
Architect:		Project Inspector:	
_____	_____	_____	_____
[Name]	Date	[Name]	Date

END OF DOCUMENT