

**SECTION 00 63 63 – CHANGE ORDER**

PART 1 - GENERAL

- 1.1 RELATED DOCUMENTS (Not Applicable)
- 1.2 SUMMARY (Not Applicable)
- 1.3 DEFINITIONS (Not Applicable)
- 1.4 CHANGE ORDER
  - A. State of Colorado form “Change Order” (SC-6.31).
  - B. A copy of the above noted form is attached to the end of this section.
- 1.5 PROCEDURE (Not Applicable)

PART 2 - PRODUCTS (Not Applicable)

PART 3 - EXECUTION (Not Applicable)

**END OF SECTION 00 63 63**



STATE OF COLORADO  
OFFICE OF THE STATE ARCHITECT  
STATE BUILDINGS PROGRAM

**CHANGE ORDER**

Change Order No: \_\_\_\_\_ Contract ID No. \_\_\_\_\_ Date \_\_\_\_\_

Contractor: \_\_\_\_\_

Institution or Agency: \_\_\_\_\_

Project No./Name: \_\_\_\_\_

Your Change Order Proposal(s), dated \_\_\_\_\_ is hereby being designated for approval of the following work:

(Note: If more space is needed for description of work, attach additional 8-1/2" x 11" sheets hereto.)

This change order was originated by the Contractor , Architect/Engineer , State , and I/We do hereby recommend acceptance and approval of the change to the Contractor's Agreement Dated \_\_\_\_\_ which is by this reference, made a part hereof, and identified as Exhibit \_\_\_\_\_ with an increase , a decrease , no change , of \$\_\_\_\_\_.

The Time of Completion is extended \_\_\_\_\_ calendar days , is unchanged , is reduced  calendar days, from the total number of days listed in the Contractor's Agreement to complete the entire Project. The revised total number of days to complete the entire Project aggregating this Change Order and previously approved Change Order(s) per the Summary of Changes chart below, is \_\_\_\_\_ calendar days. If the completion date was extended or reduced, the new completion date of the Project is \_\_\_\_\_ (M/D/YYYY).

SUMMARY OF CHANGES			
	Description of Work/Date	Time of Completion/ Calendar Days Extended/Reduced	Dollar Amounts
Original Contract			
Change Order #1			
Change Order #2			
Current Totals			

\*Persons signing for Architect/Engineer/Contractor hereby swear and affirm that they are authorized to act on Architect/Engineer/Contractor's behalf and acknowledge that the State is relying on their representations to that effect. **Principal is not a recognized title and will not be accepted.**

Architect/Engineer Firm	Name and Title (print)	Date
	Signature	
Contractor (Name of Firm)	Name and Title (print)	Date
	Signature	
Institution or Agency	Name and Title (print)	Principal Representative (Signature)
		Date

<b>CONTRACT STATUS</b>			
<b>Original Contract Value</b>			
Previous increases by CO/Amend		STATE BUILDINGS PROGRAM (or Authorized Delegate)	DATE
Previous decreases by CO/Amend			
<b>Value After Prior CO's/Amend</b>			
This CO/Amend		STATE CONTROLLER (or Authorized Delegate)	DATE
Increases <input type="checkbox"/> Decreases <input type="checkbox"/>			
<b>CURRENT CONTRACT VALUE</b>		(Verification)	