



San Antonio Water System

Project Construction Program

CHANGE ORDER

SAWS JOB NO: _____ PROJECT: _____
 CHANGE ORDER NO. _____ CONTRACTOR: _____

IN ACCORDANCE WITH THE TERMS OF THE CONSTRUCTION CONTRACT, DATED _____ BETWEEN THE SAN ANTONIO WATER SYSTEM, OWNER, AND _____, CONTRACTOR, THE CONTRACTOR IS HEREBY DIRECTED TO MAKE ADDITIONS OR ALTERATIONS IN THE WORK WITH DETAILS AND COSTS AS FOLLOWS. ANY COMPENSATION PAID IN CONJUNCTION WITH THE TERMS OF THIS CHANGE ORDER SHALL COMPRISE TOTAL COMPENSATION DUE THE CONTRACTOR FOR THE WORK OR THE CHANGE DEFINED IN THIS CHANGE ORDER. BY SIGNING THIS CHANGE ORDER, THE CONTRACTOR ACKNOWLEDGES THAT THE STIPULATED COMPENSATION INCLUDES PAYMENT FOR THE WORK OF CHANGE PLUS ALL PAYMENT FOR THE INTERRUPTION OF SCHEDULES, STOP WORK ORDERS, EXTENDED OVERHEAD, DELAY, OR ANY OTHER IMPACT, CLAIM OR RIPPLE EFFECT, AND BY SIGNING SPECIFICALLY WAIVES ANY RESERVATION OR CLAIM FOR ADDITIONAL COMPENSATION IN RESPECT TO THE SUBJECT OR THIS CHANGE ORDER. EXCEPT AS MODIFIED BY CHANGE ORDER, ALL WORK PERFORMED UNDER THIS CHANGE ORDER SHALL BE COMPLETED IN ACCORDANCE WITH THE CONTRACT DOCUMENTS.

- DESCRIPTION OF WORK TO BE ADDED OR DELETED:** (Attach separate document if needed)
- JUSTIFICATION FOR CHANGE:** (Attach separate document if needed)

3. ESTIMATED COST OR CREDIT TO SAWS: \$ _____

ADJUSTMENT IN PAYMENT SHALL BE AS FOLLOWS:

THE ORIGINAL CONTRACT SUM WAS: \$ _____

THE NET CHANGE BY PREVIOUS CHANGE ORDER(S): \$ _____

THE CONTRACT SUM PRIOR TO THIS CHANGE ORDER WAS: \$ _____

THE NET CONTRACT SUM INCLUDING THIS CHANGE ORDER IS: \$ _____

THE CONTRACT TIME WILL BE INCREASED BY: _____ CALENDAR DAYS
 THE DATE OF COMPLETION AS OF THE DATE OF THIS CHANGE ORDER IS: _____

ACCEPTED: 1 _____
 (SIGNATURE OF AUTHORIZED REPRESENTATIVE) DATE
 NAME & TITLE (Print): _____

RECOMMENDED: 2 _____	4 _____
DESIGN CONSULTANT (IF APPLICABLE) DATE	SAWS STAFF ENGINEER DATE
3 _____	5 _____
CONSULTANT OBSERVER (IF APPLICABLE) DATE	OTHER SAWS (SPECIFY TITLE) DATE

APPROVED: 6 _____ 7 _____
 SAWS CONSTRUCTION INSPECTION DATE SAWS CONTRACTING OFFICER DATE

FOR SAWS INTERNAL USE ONLY

ADDITIONAL PROFESSIONAL SERVICE FEES: ELIGIBLE INELIGIBLE (checked by SAWS Project Staff & signed above)

CLASSIFICATION: USER REQUESTED ERRORS / OMISSION DIFFERING SITE CONDITIONS RECAP