

CITY OF NEW HAVEN CONTRACT CHANGE ORDER (CO)

1	Please provide an overview of this CO (please pay particular attention to sections 17,18,19)															
2	CONTRACT TITLE:															
3	CONTRACT #.:				CO#				CO DATE:							
4	CONTRACTOR:								VENDOR CODE:							
5	Contractor EMAIL:								PROJECT No.:							
6																
	CONTRACT START DATE:		DATE UNCHANGED		DATE INCREASED		DATE DECREASED		CONTRACT END DATE:							
7	FUNDING SOURCE OF CONTRACT:								C A P O #:							
8	FUNDING SOURCE CO:								C A P O #:							
:9	ORIGINAL AWARDED AMOUNT:															
10	CONTRACT AMOUNT PRIOR TO THIS CO:															
11	AMOUNT OF THIS CO:								ACTUAL				ESTIMATE			
INCREASE											DECREASE					
12	NEW CONTRACT AMOUNT:															

24			
	Contract Number:	CO #	DATE:

ALL TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT REMAIN IN FULL FORCE AND EFFECT.		
DULY AUTHORIZED CONTRACTOR'S SIGNATURE:	TITLE:	DATE:

BY SIGNING BELOW, WE CERTIFY THAT THIS CHANGE ORDER HAS BEEN REVIEWED BY THE APPROPRIATE PARTIES AND FOUND TO BE IN COMPLIANCE WITH THE RULES, REGULATIONS AND POLICIES OF OUR INDIVIDUAL DEPARTMENTAL REQUIREMENTS.	
REQUESTING AGENCY DEPARTMENT HEAD SIGNATURE:	DATE
SMALL CONTRACTOR DEVELOPMENT SIGNATURE:	DATE
COMMISSION ON EQUAL (CEO) SIGNATURE:	DATE
CAPO REVISED AND APPROVED SIGNATURE:	DATE
PURCHASING AGENT SIGNATURE:	DATE
OFFICE OF CORPORATION COUNSEL: - APPROVED TO FORM & CORRECTNESS.	DATE
CONTROLLER: - CERTIFIED AS TO SUFFICIENCY OF APPROPRIATION OR AVAILABILITY OF FUNDS	DATE

<i>This section is utilized when and as needed:</i>		
24	ENGINEER/ARCHITECT:	COMPANY/FIRM: DATE: