**SE-480, Page 2 CHANGE ORDER REQUEST NO.:**

**CHANGE ORDER REQUEST SUMMARY – CM-R**

**AGENCY:**

**PROJECT NAME:**

**PROJECT NUMBER:**

**CONSTRUCTION MANAGER @ RISK:**

**This Contract is requested to be changed as follows:** *(Insert description of change to the contract or description from Exhibit A for a new GMP.)*

**ADJUSTMENTS IN THE CONTRACT TIME:** Requested Change in Days for this Change Order:      Days

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  | **(1)**  **CM-R** | **(2)**  **Subcontractor** | **(3)**  **Sub-subcontractor** | **(4)**  **TOTAL** |
| **Direct Costs**  (Provide back-up, including hourly rates, invoices, manhours, etc.) |  | General Conditions |  |  |  |  |
|  | Contingency |  |  |  |  |
|  | Labor |  |  |  |  |
|  | Materials (including Sales Tax) |  |  |  |  |
|  | Rental Charges |  |  |  |  |
|  | Subtotal Direct Costs  (sum lines 1 – 5) | **$ 0.00** | **$ 0.00** | **$ 0.00** | **$ 0.00** |
| **Subcontractor Markup** (per AIA A201, Section 7.1.5) |  | Subcontractor OH&P  ( % of line 6, col 2) |  |  |  |  |
|  | Sub-subcontractor’s OH&P  (% of line 6, col 3) |  |  |  |  |
|  | Subcontractor markup on Sub-subcontractor  (% of line 6, col 3) |  |  |  |  |
|  | Total Subcontractor Markup  (sum lines 7 – 9) |  | **$ 0.00** | **$ 0.00** | **$ 0.00** |
| **Additional Bonding, Insurance and Permit Costs Associated with Change Order** |  | Bonds |  |  |  |  |
|  | Insurance |  |  |  |  |
|  | Permits, Licenses or Fees |  |  |  |  |
|  | Subtotal (sum lines 11 – 13) | **$ 0.00** | **$ 0.00** | **$ 0.00** | **$ 0.00** |
| **SUBTOTAL** |  | Change Order Cost  (sum lines 6, 10, & 14, col 4) |  |  |  | **$ 0.00** |
| **Construction Manager Fee** (per AIA A133, Section 6.1.2) |  | % of line 15, col 4 |  |  |  |  |
| **TOTAL** |  | New or Existing GMP (sum lines 15 & 16, col 4). Enter amount on Page 1 of SE-480 |  |  |  | **$ 0.00** |
| **Adjustment to Pre-Construction Services** |  | Enter amount on Page 1 of SE-480 |  |  |  |  |

**ADJUSTMENTS IN THE CONTRACT AMOUNT:** Requested Amount of this Change Order (sum lines 15 and 16): **$**

**CONSTRUCTION MANAGER @ RISK ACCEPTANCE:**

**BY: Date:**      

*(Signature of Representative)*

**Print Name of Representative:**      

**A/E RECOMMENDATION FOR ACCEPTANCE:**

**BY: Date:**      

*(Signature of Representative)*

**Print Name of Representative:**      

**AGENCY ACCEPTANCE:**

**BY: Date:**      

*(Signature of Representative)*

**Print Name of Representative:**      

**Instruction to Contractor:** Attach documentation as needed to justify the requested change to the contract and submit to A/E or Agency.