



Field Work Order

To _____
Field Work Order No. _____
SAO Contract No. _____
Local No. _____

Basis of Field Work Order

Error / Omission Differing Site Condition
Owner Request Field Resolution
Value Engineering

Project Name _____
Project Location _____

Contract Price (indicate if zero cost)
Add: \$ _____ Deduct: \$ _____

Contract Time

No Change Days Added Days Deducted

Cost Basis (check all that apply)
Time & Material Not to Exceed Fixed Price
Allowance (described below) Unit Price

Your company is authorized and directed to proceed with the following (attach additional sheets if needed):

Justification

Special Notice: This Field Work Order identifies satisfaction of all compensation and time adjustments related to this change to the Work.

Construction Manager Recommendation

Name _____
Signature _____ Date _____

Owner Acceptance and Funding Acknowledgement

Name _____
Signature _____ Date _____

A/E Recommendation

Name _____
Signature _____ Date _____

State Architect's Office Recommendation

Name N/A
Signature _____ Date _____

Contractor Concurrence

Name _____
Signature _____ Date _____

Department of Administrative Services Approval

Name N/A
Signature _____ Date _____