



Request for Information

Project Name	_____	SAO Contract No.	_____ - - - -
	_____	CSU Project No.	_____
Project Location	_____	RFI No.	_____
Contractor	_____	Drawing No.	_____
Associate	_____	Specification No.	_____
		Date Answer Requested	_____ - -

Description of Information Needed

Date Received _____ - -

Name	_____	Phone Number	_____
Signature	_____	Date Released	_____ - -

Associate Response

Date Received _____ - -

Name	_____	Phone Number	_____
Signature	_____	Date Released	_____ - -

Contractor Receipt

Upon review of the Associate's response we anticipate the potential contract adjustments indicated to the right:

Date In _____ - - Date Out _____ - -

Name _____

Signature _____ Date _____ - -

- No change in cost or time
- Decrease in cost of approx. \$ _____
- Increase in cost of approx. \$ _____
- Decrease in time of _____ days
- Increase in time of _____ days