# Change Directive (Field Work Order)

## State of Ohio Standard Forms and Documents

Contractor Name _____
Contact _____
Address _____
City, State ZIP _____

Change Directive No. _____
Contract No. _____
Project Name _____
Project Location _____

**Basis of Change Directive**

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

**Adjustment to Contract Sum** (indicate if zero cost)

Add: $_____ Deduct: $_____

**Adjustment to 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 Change Directive identifies satisfaction of all compensation and time adjustments related to this change in the Work.

**Construction Manager Recommendation** (if applicable)

Name _____

Signature _____ Date _____

**Owner Acceptance**

Name _____

Signature _____ Date _____

**Architect/Engineer Recommendation**

Name _____

Signature _____ Date _____

**Project Manager Recommendation**

Name _____

Signature _____ Date _____

**Contractor Concurrence**

Name _____

Signature _____ Date _____

**Contracting Authority Approval**

Name _____

Signature _____ Date _____