

STATE OF NEVADA
DEPARTMENT OF TRANSPORTATION

Sheet ____ of ____

RECORD OF AUTHORIZATION TO PROCEED WITH EXTRA WORK

CONTRACT NO.: _____ PROJECT NO(S): _____
CHANGE ORDER NO.: _____ REQUESTOR: _____
(NAME, TITLE, COMPANY/DIVISION) DATE

NATURE AND REASON FOR PROPOSED REVISION

(Include a description of the extra work and why it is necessary.)

ESTIMATED CHANGE TO CONTRACT: UNDER \$125,000.00 \$125,000.01 - \$250,000.00 \$250,000.01 - \$375,000.00 *
CHECK ONE BOX:
 \$375,000.01 - \$500,000.00 * \$500,000.01 AND ABOVE *

*REQUIRES DIRECTOR'S OFFICE SIGNATURE

ESTIMATED CHANGE TO WORKING DAYS: _____ INCREASE DECREASE NONE
FILL IN AND CHECK ONE BOX: DAYS

METHOD OF PAYMENT: CHECK ALL BOXES THAT APPLY: UNIT BID PRICE(S) FORCE ACCOUNT NEGOTIATED PRICE LUMP SUM

RESIDENT ENGINEER: _____
OR AUTHORIZED REPRESENTATIVE PRINT NAME & TITLE SIGNATURE DATE
*REQUIRED FOR ALL

DISTRICT ENGINEER: _____
OR AUTHORIZED REPRESENTATIVE PRINT NAME & TITLE SIGNATURE DATE
*REQUIRED FOR ALL

CONSTRUCTION ENGINEER: _____
OR AUTHORIZED REPRESENTATIVE PRINT NAME & TITLE SIGNATURE DATE
*REQUIRED FOR ALL

DIRECTOR'S OFFICE: _____
DEPUTY DIRECTOR - PROJECT DELIVERY OR AUTH. REPRESENTATIVE PRINT NAME & TITLE SIGNATURE DATE
*REQUIRED ONLY FOR AMOUNTS OVER \$250,000.00