

FROM OWNER:

CHANGE ORDER NO.:

DATE:

CIP PROJECT NO.:

PO NO.:

A/E NAME:

PROJECT/CONTRACT NO.:

CONTRACT DATE:

PROJECT NAME:

The date of SUBSTANTIAL COMPLETION as of the date of this Change Order is _____

The completion date of the services provided in this Change Order will be _____

A/E (*Firm Name*)

CONTRACTOR (*Firm Name*)

University of North Texas System