

# Change Order

## No. 01

Date of Issuance: September 12, 2016                      Effective Date: September 12, 2016

Project: Hopewell Elementary School	Owner: Southern Lehigh School District	Owner's Contract No.: 5
Contract: Environmental Remediation		Date of Contract: 5/12/2015
Contractor: Sargent Enterprises, Inc.		Engineer's Project No.: 1122.0001

**The Contract Documents are modified as follows upon execution of this Change Order:**

Description:  
Deduct (credit) to Owner for Project Quantity Allowances not used

**Attachments (list documents supporting change):**

CHANGE IN CONTRACT PRICE:	CHANGE IN CONTRACT TIMES:
Original Contract Price:  <u>\$86,988.00</u>	Original Contract Times: <input type="checkbox"/> Working days <input type="checkbox"/> Calendar days Substantial completion (days or date): _____ Ready for final payment (days or date): _____
[Increase] [Decrease] from previously approved Change Orders No. <u>XXX</u> to No. <u>XXX</u> :  <u>\$N/A</u>	[Increase] [Decrease] from previously approved Change Orders No. _____ to No. _____: Substantial completion (days): _____ Ready for final payment (days): _____
Contract Price prior to this Change Order:  <u>\$86,988.00</u>	Contract Times prior to this Change Order: Substantial completion (days or date): _____ Ready for final payment (days or date): _____
[Increase] [Decrease] of this Change Order:  <u>-\$5,900.00</u>	[Increase] [Decrease] of this Change Order: Substantial completion (days or date): _____ Ready for final payment (days or date): _____
Contract Price incorporating this Change Order:  <u>\$81,088.00</u>	Contract Times with all approved Change Orders: Substantial completion (days or date): _____ Ready for final payment (days or date): _____

RECOMMENDED By: <u>[Signature]</u> Engineer (Authorized Signature) Date: <u>September 12, 2016</u> Approved by Funding Agency (if applicable): _____	ACCEPTED: By: _____ Owner (Authorized Signature) Date: _____	ACCEPTED: By: <u>[Signature]</u> Contractor (Authorized Signature) Date: <u>9/13/16</u> Date: _____
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