DMB-464 (R 09/19)

DEPARTMENT OF TECHNOLOGY, MANAGEMENT AND BUDGET

State Facilities Administration

3111 W. St. Joseph Street

Lansing, Michigan 48917

P.O. Box 30026

BULLETIN NO.

TO: Date:

SUBJECT: File Number:

SIGMA Coding:

Contract Number:

Department/Agency:

Project Name and Location:

INTENT: This is not a change order. This is a request to the contractor for price breakdown of proposed changes in the work.

PROPOSED CHANGES IN THE WORK:

REASONS FOR CHANGES:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| CHANGES IN THE CONTRACT AMOUNT: | Item 1 $ |  | 🞏 | ADD | 🞏 | DEDUCT | 🞏 | NONE |

Attach an itemized breakdown for each item of work.

It is requested that the spaces provided for your quotation and signature be filled in and one copy returned to the above address for review. The authorization of the above work will not become effective to the contractor until confirmed by contract change Order, whereupon the proposed change will then be included in your contract. Please return this Bulletin within ten (10) working days from the date shown herein.

|  |  |  |
| --- | --- | --- |
| FOR THE CONTRACTOR |  | FOR THE STATE: |
| Signature Date |  | Project Director  Design and Construction Division  State Facilities Administration |
| Title |  | Reply to: |

This form authorizes the preparation of a contract change order request. (Authority: 1984 PA 431)