

WORK ORDER

Page _____ of _____

Date: _____

Contract _____ Supplemental Agreement No. _____ Work Order No.** _____

Financial Project ID(s) _____ Federal Aid No(s). _____

Contractor _____

DESCRIPTION OF WORK

REASON

Revised Plan Sheet No(s). _____, dated _____, prepared by _____.

Granted Time (due to delays of controlling items of work shown on approved work schedule): _____ days

Total Cost of Work:\$ _____

Amount to be paid from Contingency Pay Item _____: \$ _____

Costs negotiated; worksheets documenting negotiated costs and basis for costs attached.

OR

Costs based on actual costs plus mark-ups; worksheets itemizing costs attached.

If, prior to execution of this Work Order, the Department has not issued a Notice to Proceed to the Contractor for the work outlined herein, execution of this document by the Department shall serve as the Notice to Proceed.

The Department and the Contractor agree that the Contract Time adjustment and sum agreed to in this document constitute a full and complete settlement of the matters set forth herein, including all direct and indirect costs for equipment, manpower, materials, overhead, profit, and delay relating to the issues set forth in this document.

Contractor Signature

FDOT or CCEI Signature

FHWA Area Engineer Signature

FHWA Participation*** \$ _____

Non-Participation \$ _____

FHWA Participation*** Time _____

Non-Participation Time _____

* N/A when funded by Initial Contingency Pay Item

** Work Orders are sequentially numbered, including Pay Item, as shown in the following examples:

- Initial Contingency – 999-25-01, -02, -03, etc.
- Contingency Supplemental Agreement (CSA) – 9999-21-01-, -02, -03, etc.

***Attach FHWA participation correspondence

Note: If incorporating DCE Memo(s) or Specification(s), attach as part of the Work Order Submission.

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DESCRIPTION OF WORK / REASON (CONTINUED)