CONSTRUCTION

CHANGE DIRECTIVE

INDIANA UNIVERSITY

Building Name: _____ Directive No: _____

Project Title: _____ Issue Date: _____

Project No.: _____ Authorized by Architect/Engineer Firm:

Contractor: _____ _____

Address: _____ Issued By:

_____ _____

Please quote, in Indiana University format. DO NOT PROCEED WITH DESCRIBED WORK WITHOUT SIGNED APPROVAL FROM OWNER.

Description of Change

REASON FOR CHANGE:

- ☐ Design Error / Architect, Engineer
- ☐ Omission / Architect, Engineer
- ☐ Hidden Conditions / Architect, Engineer
- ☐ Change in Scope / Owner
- ☐ Construction Management Firm Error

Increase Cost:_____

Decrease Cost:_____

Executed Contract Total:_____

Not Valid Until Signed by the Owner, Architect/Engineer, and Contractor

Approved for Contractor

BY_____ DATE_____

Title: _____

Approved for Architect / Engineer

BY _____ DATE_____

Approved for CMA – Construction Manager Administrator

By:_____ Date_____

VPCPF Change Directive Clerk

By: _____ Date:_____

IUCM Construction Manager

By:_____ DATE_____

Approved for Indiana University

By:_____ DATE_____

Vice President for Capital Planning & Facilities

By:_____ Date_____