

APPENDIX D

**Montgomery County Public Schools
Division of Maintenance**

CHANGE ORDER FORM

Facility: _____ New Work Additional Work

Location of work to be performed: _____

Description of work to be performed: _____

Start Date: ____/____/____

Completion Date: ____/____/____

Total Cost for Change Order: _____

Notice: Acceptance of this change order does not alter the contract completion date. If this change order has any effect on the contract completion date, additional documentation shall be submitted to MCPS as specified.

(MCPS Representative Approval)

(Date)

(MCPS Consultant Approval)

(Date)

(Authorized Contractor Representative Acceptance)

(Date)

(MCPS Contract Officer)

(Date)