



STATE OF NEW YORK  
**STATE UNIVERSITY CONSTRUCTION FUND**  
CONSTRUCTION DIVISION  
CONTRACT CHANGE ORDER

List contractor name/address

ADDITIVE    DEDUCTIVE    NO COST

Date:

SUCF Project No.

Attention:

Location:

Consultant:

Project:

Contract No. D00

Change Order No.

In accordance with the terms and conditions of your contract and the plans and specifications relative thereto, you are hereby authorized and directed to make changes and modifications as follows: *(Description of Contract Modification)*

This work is to be done in strict accordance with the terms of the Contract except as herein modified or hereinbefore modified by a previous change order. It is further understood and agreed that, unless otherwise expressly stated herein, the work herein authorized will not extend the time of completion of the work to be performed under the Contract and that the amount of this change order includes full payment or credit, as the case may be, for the extra or deleted work covered hereby, all work covered in Architect's Bulletin No. \_\_\_\_\_, all items included in Proposal No. \_\_\_\_\_ of the Contractor and any damage or expense caused the Contractor by any delays to or interference with other work to be done under the contract resulting from or on account of said extra or deleted work.

Extension of Contract Time:                      Calendar Days

Amount of Contract including  
Change Order No.                      \$

Amount of this Change Order:                      \$

Revised Contract Total  
including this change                      \$

**THE TERMS AND CONDITIONS OF THE ABOVE ARE HEREBY ACCEPTED:**

Contractor's Authorized Representative

Date of Acceptance

Recommended by:

Consultant

Date

Approved:

State University Construction Fund

Date

Approved:

For the State Comptroller

Date

## INSTRUCTIONS FOR CHANGE ORDER FORM CF-C9

Upon receiving the Fund's change order letter of authorization, the Consultant must initiate a formal change order.

Seven (7) copies of Form CF-C9 must be completed and submitted to the Fund with original contractor and consultant signatures on each form.

In completing the form, the Consultant must identify the "Description of Change" exactly as written on the Fund's letter of authorization, including each CP (cost proposal) number, each dollar amount, and total. Where several cost proposals are included, an additional sheet may be attached and the phrase "*See Attached Continuation Sheet*" may be inserted on the CF-C9 cover sheet. The attachment will bear the title of "Change Order Continuation Sheet" and will list the Change Order # and SUCF Project #.