

Commonwealth of Pennsylvania Department of General Services Construction Change Order Section 18th & Herr Streets Harrisburg, Pennsylvania 17125	Request for Change Order	Project No. _____ Phase _____ Part _____	Change Order No. _____
		Contract No. _____	For CO Section use only
		Project Title _____ Location _____	Page 1 of _____

SECTION 1- TO BE COMPLETED BY ORIGINATOR (PROFESSIONAL, CONTRACTOR, DGS) DATE: _____

The Originator of this Change Order Request is: ☐ Professional ☐ Professional for Using Agency ☐ Contractor ☐ DGS
DGS Inspector Supervisor/Manager _____ has confirmed that this C/O will be routed: ☐ REGULAR ☐ EXPEDITED
and that a FAX route is not required.

Description of Work:

(For additional space to provide description, use Request for Change Order Continuation Sheet)

Name, Signature and address of Originator:
Name: _____
Signature: _____
Company: _____
Address: _____

Note: The Professional as Originator shall complete Sections 1 & 2.
All other Originators shall complete Section 1 ONLY and
forward to the Professional for further processing.

SECTION 2- TO BE COMPLETED BY PROFESSIONAL DATE RECEIVED FROM ORIGINATOR: _____

If you do not concur with the need, benefit or legitimacy of this Change Order, explain why:

Provide revised description if different from SECTION 1 above (this will be used as a preliminary scope):

(For additional space to provide description, use Request for Change Order Continuation Sheet)

This Change Order is a direct result of (choose one only)
☐ Request of the Using Agency ☐ Post Design Code Revision ☐ Professional's Error or Omission ☐ Unforeseen Condition ☐ Other

Explain Cause Choice:

Professional Guesstimate for this Change Order: \$ _____ ☐ Debit ☐ Credit ☐ No Cost DATE: _____
Note: Guesstimate not required for C/O's routed EXPEDITED

Forward REGULAR C/O Request TO:	Forward EXPEDITED C/O Request TO:	FROM: Company Name: _____
Director, Bureau of Construction Department of General Services Room 300, Arsenal Building 18th & Herr Streets, Harrisburg, PA 17125	DGS Regional Inspector Supervisor/Manager referenced in SECTION 1 of this Request.	Signature: _____
		Address: _____
		Phone No.: _____
		Fax No.: _____

SECTION 3 -TO BE COMPLETED BY BUREAU OF CONSTRUCTION CHANGE ORDER SECTION PERSONNEL ONLY

Date Received: _____ Computer Assigned Change Order No. _____ Funds Available Date: _____
This serves as authorization for the Professional to begin preparing the subject scope-of-work, and all necessary design change documents. The Professional shall submit Form GSC-1 to the Contractor to initiate the Change Order process. Both the Professional and Contractor shall complete Form GSC-1 in accordance with this Administrative Procedure.

Change Order Section Authorization