

**SECTION 01 26 39
FORM FOR FIELD ORDER**

Request to Use CM Contingency Funds

Request to Use Owner Reserve Funds

Field Order No. _____

Project Name:

Project Location:

SBC Project No.:

Description of Usage:

Justification of Usage:

The original Sum of the (*CM Contingency/ Owner Reserve*) Fund: \$
Net Usage previously authorized: \$
The Sum of the Fund prior to this Usage: \$
This modification (*increases / decreases / does not change*) the Fund: \$

This modification does not change Contract Time. If a change in time is required it shall be accomplished by Change Order

CONTRACTOR: The costs associated with the usage of these funds must be submitted on Form 01 26 50, Form for Contractor's Subcontractor's Cost Itemization.

DESIGNER: Shall verify that proposed price and need for Fund Usage are in the best interest of the Owner to have the work accomplished.

OWNER: Has verified proposed pricing and Shall verify proposed pricing and agrees to the usage of these Funds as being in the best interest to the Owner and verifies that adequate funds are available to pay the cost for the accomplished work.

Contractor

Designer

Owner

signed _____
name _____
title _____
for _____

signed _____
name _____
title _____
for _____

signed _____
name _____
title _____
for _____

Additional Owner signatures (as required):

signed _____
name _____
title _____
for _____

signed _____
name _____
title _____
for _____

signed _____
name _____
title _____
for _____
