

## **Change Order Justification**

University:	Department:			
Vendor:	Purchase Order/Contract #:			
Justification Information				
Description of contract activity that resulted in change in cost or completion date (attach additional documentation if necessary):				
Type and amount of change (check all that apply and complete blanks):				
The completion date will be	Extended by 180 days or more, or 🗌 Shortened by 180 days or more			
Original completion date:	Revised completion date:			
The cost will be	Increased by \$25,000 or more, c	or 🔲 Decreased by \$25,000 or more		
Original cost:	Amount of change:	New Total Cost:		
Why is the change needed? Check one and then explain in the box below. Attach additional documentation if necessary.				
Circumstances said to necessitate the change in performance were not reasonably foreseeable when the contract was signed.				
The change is germane to the original contract as signed				
The change order is in the best interest of the State and authorized by law.				

What provision of the contract, the Procurement Code, or other law authorized this action? Attach additional documentation if needed.

## Approval/Signatures

## University Signature Required

This form has been prepared pursuant to 720 ILCS 5/33E-9. I know and understand the contents of this Change Order Justification and attest that all statements are true and correct.

University Purchasing Director Signature:	Date:	Phone:	
Printed Name:	Email:		
<b>SPO Approval</b> By signing below and based on the inform	ation provided by the university, the SPO ap	pproves this transaction.	
SPO Signature:	Date:	Phone:	
Printed Name:	Email:		