STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION

CONTRACT CHANGE ORDER INPUT

CEM-4901 (REV 5/1993) CT# 7541-3516-2

ADA Notice

For individuals with sensory disabilities, this document is available in alternate formats. For information call (916) 654-6410 or TDD (916) 654-3880 or write Records and Forms Management, 1120 N Street, MS-89, Sacramento, CA 95814.

C A S O A C

CONTRACT NO. 04 0120W4 (1, 3–8) CCO NO. 191 (9–13) SUPPL. 02

CONSTRUCTION DEPT. USE ONLY ☐ FUNCTION (14) ☐ OVERRIDE (15)

CARD TYPE 1 (16)

C. C. O. DESCRIPTION: ADDITIONAL MISC. ELECTRICAL CHANGES (17–56)

NET $ CHANGE THIS CCO: + 204561.00 (58–66)

APPROVAL DATE: 10-17-14 (67)

TIME EXTENSION DAYS: - 0 (74)

CATEGORY: CBPC (77)

CARD TYPE 2 (16)

PAYMENT METHOD					$ AMOUNT
EW ☒ (17)	AC ☐ (18)	FA ☐ (19)	LS ☒ (20)	UP ☐	+ 204561.00 (23–31)
EW ☐	AC ☐	FA ☐	LS ☐	UP ☐	+ .
EW ☐	AC ☐	FA ☐	LS ☐	UP ☐	+ . (23–31)

CARD TYPE 4 (16)

NET $ AMOUNT BRIDGE WORK THIS CCO: + . (18–26)

CARD TYPE 3 (16)

ITEM NUMBER (17–19)		QUANTITY (21–32)
	+ -	.
	+ -	.
	+ -	.
	+ -	.
	+ -	.
	+ -	.
	+ -	.
	+ -	.
	+ -	.

ITEM NUMBER (17–19)		QUANTITY (21–32)
	+ -	.
	+ -	.
	+ -	.
	+ -	.
	+ -	.
	+ -	.
	+ -	.
	+ -	.
	+ -	.

CARD TYPE 5 (16)

FEDERAL PARTICIPATION: N (17)

P = PARTICIPATING

M = NON-PARTICIPATING (MAINTENANCE)

N = NON-PARTICIPATING (OTHER THAN MAINTENANCE)

R = NON-PARTICIPATING (REIMBURSEMENT BY OTHERS)

S = PARTICIPATING IN PART

IF PARTICIPATING IN PART (S), BREAKDOWN COST AS FOLLOWS: (INPUT TYPE AS P,M,N,R)

TYPE	COST
☐ (18)	. (19–27)
☐	.
☐	.
☐ (18)	. (19–27)

FEDERAL SEGREGATION (IF MORE THAN ONE FUNDING SOURCE)

☐ (28) E = CCO to be funded as per contract

☐ (29) F = CCO to be funded as follows:

FEDERAL FUNDING SOURCE (30–44)	PERCENT (45)

IN CASE OF QUESTIONS CONTACT: *NAME* Angela Smith

BUSINESS PHONE 510-622-5196

VERIFY

STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION

CONTRACT CHANGE ORDER INPUT

CEM-4901 (REV 5/1993) CT# 7541-3516-2

HEADING	INSTRUCTIONS
Contract Number	Required
CCO Number	Enter CCO and Supplement Numbers.
CARD TYPE 1	
CCO Description	CCO Description must be entered.
Net Money Change This CCO	Enter the amount of change. Enter zero if there is no net change. Indicate negative or positive amount.
Approval Date	Enter the month, day, year and the Approval Date. The change order will not be filed until it has been approved.
Time extension days	One of the following entries must be made: 1. Enter zero if there is no time extension. 2. Enter the number of Time Extension Days. 3. Enter "DEF" if consideration of a time extension has been deferred.
Category	Enter alpha-numeric code. Left justify if less than four characters.
CARD TYPE 2	
EW or AC	Mark either the Extra Work or the Adjustment of Compensation boxes.
Payment Method	Mark one of the three Payment Method boxes, Force Account, Lump Sum or Unit price.
$ Amount	Enter the dollar amount of the change.
CARD TYPE 3	
Item Number Quantity	Enter the contract item number and the quantity change for each item shown on the change order.
CARD TYPE 4	
Bridge Work	Enter the net amount of Bridge Work contained in this change order. Leave blank if zero.
CARD TYPE 5	
Federal Participation	Enter FHWA Funding Participation determination on every change order.
Participating-in-Part funding	Indicate breakdown for Participating-in-Part funding.
Federal Segregation	If more than one funding source, mark if the CCO is to be funded as prescribed in contract or show the percentage allotted to each Federal funding source.