

Red Rocks Community College

**CHANGE ORDER or CONTRACT AMENDMENT REQUEST**

Vendor \_\_\_\_\_

PO (Change order) PO Number \_\_\_\_\_

**OR**

Contract Amendment\* Contract Number \_\_\_\_\_

\*Please allow 2-3 weeks for processing due to the review, approval and the need for multiple signatures.

**MODIFICATIONS:** List all modifications being requested.

**Dollar Amount:** Increase Decrease

Current Amount \_\_\_\_\_ New Amount \_\_\_\_\_

Justification \_\_\_\_\_

**Change(s):** Details of what change(s) are being requested in the Statement of Work (SOW), change of Line Item, etc. If making changes to the SOW (for contracts), email the Word file to Lynn Beltran.

Requested By \_\_\_\_\_ Ext \_\_\_\_\_  
Printed

Signature \_\_\_\_\_ Date \_\_\_\_\_

***If the dollar amount of the Purchase Order/Contract is being increased, a second level authorization signature is required.***

Second Level \_\_\_\_\_ Ext \_\_\_\_\_  
Printed

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Purchasing Only*

Approved: ☐Y ☐N By: \_\_\_\_\_ Date: \_\_\_\_\_ Change Order # \_\_\_\_\_

Amendment # \_\_\_\_\_ Exhibit # \_\_\_\_\_ Option Letter # \_\_\_\_\_

Insurance Required: ☐Y ☐N PERA: ☐Y ☐N Contractor Questionnaire: ☐Y ☐N Revised Quote: ☐Y ☐N

Department Review \_\_\_\_\_ Controller/VP Review \_\_\_\_\_ Mailed \_\_\_\_\_

**COMPLETED:** PO \_\_\_\_\_ Amendment \_\_\_\_\_ Indexed \_\_\_\_\_