MORGAN STATE UNIVERSITY

CHANGE ORDER APROVAL FORM

(Rev. 2022.11.18 Form only)

Date: _____   Change Order No.: _____   Purchase Order #.: _____

Recommended approval certifies the acceptance of the necessity of the work, the sufficiency of
the work and the appropriateness of the costs.

1. Department: _____

2. Approval is recommended for execution of this Change Order to the existing contract with:

    _____ for: _____
    (Vendor Name)   (Service Description)

    This change order covers: _____

    _____

3. **A. Amount of Original Contract:** $_____ **Original PO Amount:** $_____
    B. Requested Modification #1 Amount $_____ **Requested Change Order #1:** $_____
    C. Revised Contract Amount: $_____ **Revised PO Total:** $_____
    D. Requested Modification #2 Amount $_____ **Requested Change Order #2:** $_____
    E. Revised Contract Amount: $_____ **Revised PO Total:** $_____
    F. Requested Modification #3 Amount $_____ **Requested Change Order #3:** $_____
    G. Revised Contract Amount $_____ **Revised PO Total:** $_____

4. Fund Source: _____
                                          (Budget Code)

5. Original Contact Approved Item No.: _____   BPW Agenda Date: _____
                                          (If applicable)   *(if over $ 1 Million)*

6. A. Initiated by: _____

    B. Reason for the Requested Change:

        _____
        _____
        _____

7. Was the original scope of the work related to this Change Order?

    _____

8. Describe the change work to be done by this Change Order:

    _____

9. Why is this change necessary?

    _____

10. Could this work be accomplished under a separate contract?
    No _____ Yes _____ If "Yes", why is it being handled by change order?

    _____

11. A. Is the cost reasonable? _____

    B. How was change to cost established? Provide supporting documentation.

        _____

    C. Who did the verification? _____
        Note: If unit prices were utilized, attach a copy of the unit prices which were submitted with the quote/purchase.

This Change Order will not be processed
unless it is completed in its entireity.

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12.   A.   If this change Order requires an extension of contract time, indicate the length of the
              extension: _____

       B.   Revised contract completion date: _____

13.   Miscellaneous comments:
       _____

14.   Name and Title: Signature: Date:

       _____   _____   _____
       Department Requestor

       _____   _____   _____
       Requesting Department Budget Manager

       _____   _____   _____
       Procurement Department CO Processor Name