

Office of State Aid Road Construction

Mississippi Department of Transportation

Construction Change Request

Project Number _____ County _____ Date _____

ATTN: STATE AID ENGINEER
CCR No. _____

The following changes on the above project, with stations, quantities and items involved, are recommended for the reasons stated in detail:

Total Estimated Project - Per Contract _____		
Estimate Dated: _____		\$ _____ (A)
Contingencies Per Estimate _____		_____ (B)
TOTAL CONTRACT ITEMS (A - B)	Dated _____	_____ (C)
TOTAL <small>Previously Approved Change Requests</small> <input type="checkbox"/> Plus <input type="checkbox"/> Minus		_____ (D)
NEW TOTAL - CONTRACT ITEMS (C + - D)		_____ (E)
Estimated Amount - This Request <input type="checkbox"/> Plus <input type="checkbox"/> Minus		_____ (F)
REVISED - CONTRACT ITEMS (E + - F)		_____ (G)
INDICATED UNDERRUN (A - G)		_____
INDICATED OVERRUN (G - A)		_____

APPROVAL

RECOMMENDED: _____

County Engineer

APPROVAL

RECOMMENDED: _____

District Engineer

APPROVED: _____

State Aid Engineer