



Kentucky Transportation Cabinet
Division of Right of Way & Utilities
UTILITY / RAIL AGREEMENT CHANGE ORDER

GENERAL ROAD PROJECT INFORMATION

(This section is as defined in the contract as executed)

County:
Federal Number *(if applicable):*
State Number:
Route/Road Name:
Item or AAR-DOT Number:

Company:
Contact:
Address:

COMPANY INFORMATION

Change Order No. **Contract Number:** **Contract Type:**

PROPOSED CHANGES IN CONNECTION WITH UTILITY/RAIL AGREEMENT *(use page two for more than three proposed changes):*

Line	Description of item needed	Units	Quantity	Unit Price	Increase	Decrease
1				\$	\$	\$
2				\$	\$	\$
3				\$	\$	\$
Totals from page 2					\$	\$
Net increase or decrease					\$	\$
Contract participating percentage				% applied	\$	\$

REASON FOR PROPOSED CHANGES: *In order to approve this change order, the Cabinet needs documentation justifying the additional expense. This section is intended to provide a summary. Fully detailed backup documentation must be provided and attached to this form. (Additional space is provided on Page 2 for explanation):*

IF APPROVED BY THE TRANSPORTATION CABINET, THE UNDERSIGNED COMPANY AGREES TO DO THE WORK OUTLINED ABOVE, AND TO ACCEPT, AS PAYMENT IN FULL, THE BASIS OF PAYMENT SET FORTH HEREIN.

COMPANY NAME:

Authorized Representative Signature Date

FOR CABINET USE ONLY:

_____	_____
Recommended: District Utility Agent / Rail Coordinator	Date
_____	_____
Recommended: Chief District Engineer (N/A for Rails)	Date
_____	_____
Recommended: T.E.B.M, Utilities and Rail Branch	Date
_____	_____
Approved: Director, Division of Right of Way & Utilities	Date

SUBMIT THIS FORM TO DISTRICT UTILITY SUPERVISOR/RAIL COORDINATOR
<http://transportation.ky.gov/district.htm>

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SUPPLEMENTARY LIST OF PROPOSED CHANGES IN CONNECTION WITH UTILITY/RAIL AGREEMENT:

Line	Description of item needed	Units	Quantity	Unit Price	Increase	Decrease
4				\$	\$	\$
5				\$	\$	\$
6				\$	\$	\$
7				\$	\$	\$
8				\$	\$	\$
9				\$	\$	\$
10				\$	\$	\$
11				\$	\$	\$
12				\$	\$	\$
13				\$	\$	\$
14				\$	\$	\$
15				\$	\$	\$
16				\$	\$	\$
17				\$	\$	\$
18				\$	\$	\$
TOTALS					\$	\$

SUPPLEMENTARY REASON FOR PROPOSED CHANGES: *In order to approve this change order, the Cabinet needs documentation justifying the additional expense. This section is intended to provide a summary. Fully detailed backup documentation must be provided and attached to this form.:*

Initials Required

<p>COMPANY VALIDATION:</p> <p>I accept the certification terms on page 1 in reference to the work performed as defined on page 1.</p> <p>Initial: _____</p> <p>Date: _____</p>

