

Contract #: _____

Change Request #: _____

MBTA
DESIGN EXTRA WORK REQUEST FORM

PROJECT NAME _____ CONTRACT # _____

CHANGE REQUEST # _____ WBS # _____

DATE _____ DATE REQUIRED _____

1. DESCRIPTION OF PROPOSED CHANGE:

2. BASIS OF ORIGINAL DESIGN:

3. WHY WAS CHANGE NOT ANTICIPATED?

4. JUSTIFICATION OF PROPOSED CHANGE:

5. TECHNICAL/OPERATIONS IMPACT:

6. IMPACT IF CHANGE REQUEST NOT APPROVED:

7. SCHEDULE IMPACT:
 - a) DESIGN:

 - b) CONSTRUCTION:

Contract #: _____

Change Request #: _____

8. COST IMPACT:

a) DESIGN:

b) CONSTRUCTION:

9. THIS CHANGE WILL REQUIRE?

- AMENDMENT
- BUDGET REALLOCATION
- TRANSFER AMENDMENT

10. CLASSIFICATION LEVEL:

- DIRECTOR <\$25,000
- AGM \$25,000 - <\$250,000
- GM \$250,000 - <\$5M

SUBMITTED BY: _____

DATE _____

TITLE: _____

Contract #: _____

Change Request #: _____

SIGNATURE: _____
DIRECTOR OF DESIGN DATE

Concur Not Concur

COMMENTS:

SIGNATURE: _____
DIRECTOR OF PROJECT CONTROLS DATE

Concur Not Concur

COMMENTS:

SIGNATURE: _____
AREA DIRECTOR DATE

Approved Not Approved

COMMENTS:

SIGNATURE: _____
AGM OF DESIGN & CONSTRUCTION DATE

Approved Not Approved

COMMENTS:

ATTACHMENTS (CHECK IF ATTACHED):

_____ DESIGN EXTRA WORK ORDER REQUEST LETTER (FOR SIGNATURE)

_____ CMS REPORT CMS-PS-020 - ACTION LIMIT SUMMARY

_____ SUPPLEMENTAL AGREEMENT (SA) LIST BY CONTRACT

_____ REALLOCATION HISTORY

_____ LETTER FROM CONSULTANT (ADDRESSING ITEMS 1-9)