



AUTHORIZATION FOR ADDITIONAL SERVICES STL PROJECTS

A/E Firm: _____

A/E Principal/Partner: _____
Name
Signature
Date

Project: _____

Project No.: _____ Additional Services Ref. No.: _____

Cause (CHECK THOSE THAT APPLY):

- | | | | |
|---------------------------------------------|----------------------------------------------|-------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Contractor Request | <input type="checkbox"/> Concurrency | <input type="checkbox"/> Contractor Delay | <input type="checkbox"/> Contractor Error |
| <input type="checkbox"/> Utility Company | <input type="checkbox"/> Other Public Agency | <input type="checkbox"/> Safety/ADA | <input type="checkbox"/> OEF Interpretation |
| <input type="checkbox"/> OEF Rule Change | <input type="checkbox"/> Owner Delay | <input type="checkbox"/> Unforeseen | <input type="checkbox"/> Other Owner Services |
| <input type="checkbox"/> Owner Change | | | |

Contract Reference: _____

Reason for Services (Back-Up Attached):

Description of Services:

Scheduled Construction Cost: _____ **Estimated Cost of Services:** _____

 Region Executive Director
 Facilities-Construction

Date

 Executive Director - Budget
 Capital Improvement Projects

Date

FUND	OBJECT	LOCATION	PROGRAM	FUNCTION