

Funding Change Order Request (COR) Single Line

		Office of Ma	anager	ment &	Enterprise	Services ■	Capit	al Assets	Managemer	nt ■ Const	truction a	and Prope	erties		
Th	is document do	es <u>NOT</u> cha	ange th	e scope	e of constru	uction or co	nsulta	nt contra	cts; an amer	dment (G	802) or	change o	rder (G701) is required.	
TO:								FOR PR	OJECT:						
State of Oklahoma OMES/CAM/CAP P.O. Box 53448 Oklahoma City, OK 73152-3448								(CAP Project Number, if applicable) (Contract ID Number)							
								(CAF Project Number, ii applicable) (Contract ID N					J Nullibel)	umber)	
								(Peoplesoft Requisition Number) (Change Order						r Request #)	
cap@omes.ok.gov															
ON BEHALF OF THE USING AGENCY:									(Purchase Order Number)						
(Using Agency Name)								(Using Agency Requisition Number) (Business Unit Number)							
	THE VENDOR	[General	Contra	actor. (Owner's R	Representa	ative (•	
	_			,		•			endor? Yes		lo 🔲		5	•	
(Peo	pleSoft Vendor ID	Number)						•							
(Company Nama)								(City State 7ID)							
(Company Name)								(City, State ZIP)							
(Add	ress)							(Email, if n	otification requ	iested)			(Telep	phone Number)	
DETA	ILED JUSTIFI	CATION F	OR C	HANG	E (require	ed):									
	INO.	1 : 14	H.			0 - 1-	11	ш.							
UND		Line Item #:				Sche	edule		Erom		То		Not C	Net Change (+ or -)	
tem ID Description					Lh	nit Quantit	v		From		10		Net C	nange (+ or -)	
						nit of Mea									
				Unit Price											
					To	otal Line It	em A	mount							
Dist. Line#	Amount/Qty.	Account	Sub Acct	Fund Type	Class Funding	Dept.	Bud Ref	CFDA	Prog. Code	Project	t Activ	ity Src. Type	Oper. Unit	Difference (+ or – or same	
LIIIC#			Acct	Турс	1 unung		IXCI		Code			Туре	Offic	(1 of – of same	
			1							1	<u> </u>				
								New	/ Purchas	e Orde	r Total	:			
OWN	IED.							CINC A	CENCY DE	OUEST	OD.				
OVVIN	IEK:						U	SING A	GENCY RE	QUEST	UK:				
(Owner's Signature)						(Date Signed	e Signed) (Authorized Requestor Signature)							(Date Signed)	
(Owne	r's Printed Name)				_			(Authoriz	zed Requestor	Printed Na	ame)				
(Owne	r's Printed Title)				_			(Authori:	zed Peguestor	Printed Ti	f(a)				
(Owner's Printed Title)							(Authorized Requestor Printed Title)								
							U	SING A	GENCY AP	PROVE	R:				
							(Using Agency Authorized Approver Signature)						(Date Signed		
								(Using Agency Authorized Approver Printed Name)							
							(Using Agency Authorized Approver Printed Title)								