

Ramapo College of New Jersey
Project - Phase I College Park Apartments Interior Renovations - Holly and Mimosa

RCNJ Project No. 2015-64-02C

Change Request No. _____
Date: _____

CONTRACTOR CHANGE ORDER PROPOSAL FORM

Contractor Name: _____
Address: _____
Telephone No.: _____

SECTION A: DETAILED DESCRIPTION OF THE WORK: _____

SECTION B: SELF PERFORMED WORK		CM REVISIONS
1. Total Labor (from Labor Worksheet)	\$0.00	
2. Total Material (from Material Worksheet)	\$0.00	
3. Total Equipment (from Equipment Expense Proposal)	\$0.00	
4. Subtotal (total lines 1 through 3)	\$0.00	
5. Contractor's Mark-up Combined Overhead and Profit (10% of line 4)	\$0.00	
6. SELF PERFORMED WORK TOTAL (Total lines 4 and 5)	\$0.00	

SECTION C: SUBCONTRACTOR WORK		(From Subcontractor's Proposal - provide subcontractor proposal forms)	
7. Names of Subcontractors:	Base Cost Only	10% Markup	
A. _____		\$0.00	
B. _____		\$0.00	
C. _____		\$0.00	
D. _____		\$0.00	
8. TOTAL SUBCONTRACTORS' PROPOSALS	\$0.00	\$0.00	
9. General Contractor's 5% Markup on Subs' Cost (per General Conditions)		\$0.00	
10. SUBCONTRACTOR TOTAL		\$0.00	

SECTION D: CONTRACTOR'S REQUESTED TOTAL

11. AMOUNT REQUESTED (Total lines 6 and 10) \$0.00

Signature of Contractor's Authorized Representative _____ Date _____

Print Name _____

Print Title _____

SECTION E: CONSTRUCTION MANAGER'S REVIEW

I have reviewed the labor hours, material quantities and equipment and (check one):
_____ no exceptions are taken to this Proposal.
_____ see comments noted on proposal or below. _____

By: _____
Construction Manager Date _____

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Date: _____

CHANGE ORDER LABOR WORKSHEET

Contractor Name:	_____
Address:	_____ _____
Telephone No.:	_____ _____

[illegible]

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Contractor Name:	_____
Address:	_____ _____
Telephone No.:	_____ _____

00 60 00-5 Contractor Change Order Proposal Form

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Date: _____

CHANGE ORDER EQUIPMENT EXPENSE PROPOSAL

Contractor Name:	_____
Address:	_____
Telephone No.:	_____

- | | |
|--|--|
| 1. For self-owned equipment calculate rate in column 6.
2. Rented equipment will be paid for at actual cost. Complete columns 1, 3, 4 and 11.
<i>Include a copy of the rental invoice or quote.</i>
3. Operating cost includes fuel and lubricants but does not include operator's wages.
4. Minor Equipment and hand tools are considered overhead costs and cannot be claimed. | Comments:

_____ |
|--|--|

1	2	3	4	5	6	7	8	9	10	11
Indicate if Owned or Rented	Reference Page from Blue Book	Complete equipment Description Year, Make, Complete Model No., Size, Capacity, H.P., GWV Fuel Type used or other information to completely describe the equipment used.	Hours Required on Site	Monthly Rate	Hourly Rate (Column 5 divided by 176 hrs/Mo.)	Equipment Expense (Column 4 multiplied by Column 6)	Actual Operating Hours	Hourly Operating Cost (Rate from Blue Book)	Total Operating Cost (Column 8 multiplied by Col. 9)	Total Equipment Cost Sum of Column 7 and Col 10 or Total Rental Cost
					\$0.00	\$0.00			\$0.00	\$0.00
					\$0.00	\$0.00			\$0.00	\$0.00
					\$0.00	\$0.00			\$0.00	\$0.00
					\$0.00	\$0.00			\$0.00	\$0.00
					\$0.00	\$0.00			\$0.00	\$0.00
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					\$0.00	\$0.00			\$0.00	\$0.00
					\$0.00	\$0.00			\$0.00	\$0.00
					\$0.00	\$0.00			\$0.00	\$0.00
					\$0.00	\$0.00			\$0.00	\$0.00
TOTAL CONTRACTOR EQUIPMENT EXPENSE										\$0.00