

MISSISSIPPI STATE UNIVERSITY CHANGE ORDER COST JUSTIFICATION

Change Order Request Number:	
	Change Order Request Total from Below:
Date:	
Project Name:	Days Requested for Extension:
Work Request Number:	
Description:	

Item of Work	Qty	Unit	Labor	Labor	Material	Material	Contract	Contract	Equipment	Equipme	
			Unit	Total	Unit	Total	Unit	Total	Unit	Total	
				\$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	
				\$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	
				\$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	
				\$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	
				\$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	
				\$0.00		\$0.00		\$0.00		\$0.00	
				\$0.00		\$0.00		\$0.00		\$0.00	
Subtotals				\$0.00		\$0.00		\$0.00		\$0.00	
Taxes											
Labor Burden											
Insurance											
Bond											
Overhead											
Profit											
			<u>Labor</u>		Mat	Material		<u>Contract</u>		Equipment	
Estimate Totals			\$0.00		\$0.00		\$0.00		\$0.00		

