



CHANGE DIRECTIVE

Change Directive #: _____

Purchase Order #: _____

Project # - seq #

Date:

m/d/y

Type of Work:

Project Address:

Owner:

Manitoba Housing

Contractor:

Legal business name

Description of the change in the Work:

Include the reason for change(s) in the Work

Proposed adjustment to the Contract:

The proposed adjustment to the Contract value or guaranteed maximum price is

\$ _____

Note: Change Directive is based on time and material; supporting documents are required

The proposed adjustment to the Contract time, if any, is _____ calendar days.

Change Directive pricing must be submitted to the Owner by

Date (m/d/y)



CHANGE DIRECTIVE

Issued by the Owner:

Print name and title	Signature	Date (m/d/y)
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Print name and title	Signature	Date (m/d/y)
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Note: all change Directives must be signed/approved by the Project/Operations Manager and applicable Delegated Financial Signing Authority

Initiating the changes in the Work listed above constitutes acceptance by the Supplier of the proposed adjustment to the contract.