

Change Order Allocation Form

Project Number:
Project Name:
Contractor:
Architect/Engineer:
Date Submitted:

CO Transfer #:



| Revision # | SOV Section | Line Item # | Description of Line Item | Previous SOV | Add/Deduct | Revised SOV | Reason For Transfer |
|------------|-------------|-------------|--------------------------|--------------|------------|-------------|---------------------|
| 1 Add | | | | | | | |
| 1 Deduct | | | | | | | |
| 2 Add | | | | | | | |
| 2 Deduct | | | | | | | |
| 3 Add | | | | | | | |
| 3 Deduct | | | | | | | |
| 4 Add | | | | | | | |
| 4 Deduct | | | | | | | |
| 5 Add | | | | | | | |
| 5 Deduct | | | | | | | |
| 6 Add | | | | | | | |
| 6 Deduct | | | | | | | |

| | | | |
|-------|--|--|--|
| TOTAL | | | |
|-------|--|--|--|

Contractor Agent's Name/Signature

Date: _____

UCF Project Manager Signature

Date: _____

Architect or Engineer's Name/Signature

Date: _____

UCF FP&C Associate Director Signature

Date: _____