**ALLOWANCE USE AUTHORIZATION**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- |
| **Project Name:** | **Issuance Date:** |
| **Project Number:** | **Project Manager:** |
| **Allowance Use Authorization No:** | **Design Professional:** |
|  | **CMAR/Contractor:** |
| **A request for disbursement from the Contractor’s Allowance is being made in accordance with the Contract Documents, for the following:** |

|  |
| --- |
| **Description of Work** |
|

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| --- | --- | --- |
|  |  |  |
| **CCPR #** | **Description** | **Total Cost** |
|       |       |       |
|  |  |  |
|       |       |       |
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**Attach CCPR(s) to this form, which shall include all necessary documentation.** |
|  | This AUA Amount |  |

* The original **Allowance** amount was $
* Net change by previously authorized AUAs $
* The remaining **Allowance** prior to this AUA was $
* The Allowance will be increased/decreased by this AUA by (from total above) $
* The remaining **Allowance** balance including this AUA is $

**Acceptance of this Allowance Use does not constitute a change in the Contract Completion Schedule Date.**

***DESIGN PROFESSIONAL: CONTRACTOR: OWNER:***

 **NAME NAME Northern Arizona University/ABOR**

 ADDRESS ADDRESS Box 6016

 ADDRESS ADDRESS Flagstaff, AZ 86011

SIGNATURE: SIGNATURE: SIGNATURE:

PRINT NAME: PRINT NAME: PRINT NAME: Bjorn Flugstad

TITLE: TITLE: TITLE: Senior Vice President

DATE DATE DATE

Reviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 NAU Project Manager NAU AVP, Facility Services