**CONTINGENCY USE AUTHORIZATION**

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

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

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **CCPR #** | **Description** | **Total Cost** |
|       |       |       |
|  |  |  |
|       |       |       |
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|  |  |  |

**Attach CCPR(s) to this form, which shall include all necessary documentation.** |
|  | This CUA Amount |  |

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

**Acceptance of this Contingency 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