**ALLOWANCE USE AUTHORIZATION**

|  |  |
| --- | --- |
| **Project Name:** | **Issuance Date:** |
| **Project Number:** | **Project Manager:** |
| **Allowance Use Authorization #:** | **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** | | |
| |  |  |  |  | | --- | --- | --- | --- | |  | |  |  | | **CCPR #** | **Description** | | | | **Total Cost** | |  |  | | | |  | |  |  | | | |  | |  |  | | | |  | |  |  | | | |  |   **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 VP, CaPCOT

NAU AVP, Facility Services