**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** | |  |  | | | |  | |  |  | | | |  | |  |  | | | |  | |  |  | | | |  | |  |  | | | |  |   **Attach CCPR(s) (including all necessary documentation) to this form.** | | | |
|  | 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 VP, CaPCOT

NAU AVP, Facility Services