



AIA[®]

Document G701™ – 2001

Change Order

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| PROJECT <i>(Name and address):</i> Slidell Memorial Hospital Imaging Center 1495 Gause Blvd, Slidell La. | CHANGE ORDER NUMBER: 001 DATE: 08-11-16 | OWNER: <input checked="" type="checkbox"/> ARCHITECT: <input checked="" type="checkbox"/> CONTRACTOR: <input checked="" type="checkbox"/> FIELD: <input type="checkbox"/> OTHER: <input type="checkbox"/> |
| TO CONTRACTOR <i>(Name and address):</i> Natal Contractors, Inc 394 Voters Road Slidell, La. 70461 | ARCHITECT'S PROJECT NUMBER: 15180 CONTRACT DATE: June 06, 2016 CONTRACT FOR: General Construction | |

THE CONTRACT IS CHANGED AS FOLLOWS:

(Include, where applicable, any undisputed amount attributable to previously executed Construction Change Directives)

| | |
|--|---------------|
| The original Contract Sum was | \$ 151,924.00 |
| The net change by previously authorized Change Orders | \$ 0.00 |
| The Contract Sum prior to this Change Order was | \$ 151,924.00 |
| The Contract Sum will be increased by this Change Order in the amount of | \$ 1,406.00 |
| The new Contract Sum including this Change Order will be | \$ 153,330.00 |

The Contract Time will be increased by Zero (0) days.
The date of Substantial Completion as of the date of this Change Order therefore is 09-12-16

NOTE: This Change Order does not include changes in the Contract Sum, Contract Time or Guaranteed Maximum Price which have been authorized by Construction Change Directive until the cost and time have been agreed upon by both the Owner and Contractor, in which case a Change Order is executed to supersede the Construction Change Directive

NOT VALID UNTIL SIGNED BY THE ARCHITECT, CONTRACTOR AND OWNER.

| | | |
|--|---|--|
| _____ ARCHITECT <i>(Firm name)</i> | _____ CONTRACTOR <i>(Firm name)</i> | _____ OWNER <i>(Firm name)</i> |
| _____ ADDRESS | _____ ADDRESS | _____ ADDRESS |
| _____ BY <i>(Signature)</i> | _____ BY <i>(Signature)</i> | _____ BY <i>(Signature)</i> |
| _____ <i>(Typed name)</i> | _____ <i>(Typed name)</i> | _____ <i>(Typed name)</i> |
| _____ DATE | _____ DATE | _____ DATE |