

# CHANGE ORDER REQUEST FORM

CONTRACT NO. **B-36229-A**

DATE OF SUBMISSION **October 26, 2020**

PROJECT DESCRIPTION <i>(route / intersection / bridge no(s).)</i>	45 <sup>th</sup> Street and Calumet Avenue
CHANGE ORDER REQUEST SUMMARY DESCRIPTION	Change to Structural Concrete Requirements
PROPOSED SOLUTION SUMMARY	Engineer of Record changed the structural concrete curing method and duration requirements.

NOTE: Upon request from Engineer, enter detailed description on page 2.

ONSET DATE OF CHANGE	<b>June 23, 2020</b>	CHANGE ORDER TYPE	104.02 Changed Conditions
----------------------	----------------------	-------------------	---------------------------

## PROPOSED COST AND TIME ADJUSTMENT

**\$4,654.63**

### COST

COST INCREASE / (DECREASE):

\$

~~\$4,273.41~~

The cost adjustment shall include lump sum and/or estimated totaled unit-priced item costs. Attach a separate sheet of unit price items including item description, unit of measurement, estimated quantity and unit price.

### CHECK APPROPRIATE BOXES PER APPROPRIATE BASIS OF COST CHANGE:

☐ 109.03 Altered Quantities ☒ 109.05(a) Agreed Price ☐ 109.05(b) Force Account ☒ 109.05.02 Delay Costs

PROPOSED COST CHANGE INCLUDES: ☐ Labor ☒ Material ☐ Equipment ☐ Lease Agreement ☒ Subcontractor

### TIME ADJUSTMENT

INCREASE / (DECREASE):

(work days)

**N/A**

### CHECK APPROPRIATE BOXES PER APPROPRIATE BASIS OF TIME CHANGE:

☐ 108.08(a) Excusable, Non-Compensable ☐ 108.08(b) Excusable, Compensable

NOTE: If **Compensable**, attach details based on 109.05.2(a) Allowable Delay Costs.

## SUPPLEMENTAL INFORMATION

Additional information.

CHANGE ORDER ORIGATION:	<input checked="" type="checkbox"/> INDOT / LPA <input type="checkbox"/> Contractor
DOCUMENTS AFFECTED:	
<input checked="" type="checkbox"/> Contract Specifications (ref. doc name/no.)	Contract Information Book page 89.
<input type="checkbox"/> Contract Plans (ref. doc name/no.)	N/A
CHANGE ORDER AFFECTS DBE PARTICIPATION:	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no (if yes, attach details)

CONTRACT NO.

**B-36229-A****UPON WRITTEN REQUEST FROM THE ENGINEER, PROVIDE ADDITIONAL DETAIL**

DATE RECEIVED REQUEST FOR ADDITIONAL DETAIL	[Select Date]	SUBMITTAL DATE OF ADDITIONAL DETAIL	[Select Date]
--	---------------	--	---------------

**DETAILED DESCRIPTION / JUSTIFICATION:**

*(Include location(s), actions of contractor, owner, and other stakeholders, key events and related cause(s), discoveries, discussions, meetings, and effect on the contract if no action is taken. Also include references to key documents attached or available to support this change order request.)*

**On June 23, 2020 the EOR changed the contractual requirements for structural concrete curing method and duration. This change caused the Contractor to purchase additional materials needed to construct the project.**

**PROPOSED SOLUTION – ADDITIONAL DETAILS:**

*(Include proposed scope of work, means & methods, materials, equipment, utility relocation required, subcontracted scope and the effect on the contract schedule. Also include references to attached documents including, but not limited to, sketches, calculations, photos, material information, and submittals and meeting minutes.)*

**Contractor purchased the materials required by this change and has included the additional time in the project schedule.**

**SIGNATURE****Contractor:**Name: (print) Mike Herz(signature) \_\_\_\_\_ Date: October 26, 2020

*NOTE: The Contractor should retain a signed copy of this document for record.*

**CONTRACT NO.**

**B-36229-A**

**ATTACHMENT: UNIT PRICE ITEMS DETAIL**

Attach or paste a unit price item detail.

# WALSH CONSTRUCTION

## Extra Work Summary

Date: October 26, 2020

Project Number: B-36229-A

Project Name: 45th and Calumet

Title: Change to Structural Concrete Requirements\_R01

Item Number	Description	Quantity	Unit	Unit Cost	Mark-up Rule	Mark-up Cost	Total Unit	Total Cost
	Additional Concrete Curing Materials	1	LS	<span style="border: 1px solid black; padding: 2px;">\$4097.78</span> <del>\$3,762.16</del>	M	<span style="border: 1px solid black; padding: 2px;">\$491.73</span> <del>\$451.46</del>	<del>\$4,213.62</del>	<span style="border: 1px solid black; padding: 2px;">\$4589.51</span> <del>\$4,213.62</del>
	Bond and Insurance Cost (.0129%)	1	LS	<del>\$54.36</del> <span style="border: 1px solid black; padding: 2px;">\$59.20</span>	S1	<del>\$5.44</del> <span style="border: 1px solid black; padding: 2px;">\$5.92</span>	<del>\$59.79</del>	<del>\$60.70</del> <span style="border: 1px solid black; padding: 2px;">\$65.12</span>
Total Extra Work =		1 LS		<span style="border: 1px solid black; padding: 2px;">\$4,273.41</span> <del>\$4,273.41</del>				

\$4,654.63

V#157769  
AP

**INVOICE**

**Remit To: P.O. Box 155 Eola, IL 60519-0155**

Invoice Number: 213209  
Invoice Date: 8/18/2020

**COPY**

**Bill**

To: WALSH CONSTRUCTION OF INDIANA  
1260 EAST SUMMIT STREET  
CROWN POINT, IN 46307

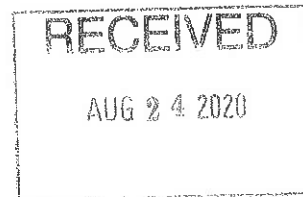
**Ship**

To: WALSH CONSTRUCTION OF INDIANA  
MARK HARTWIG - 219.613.0204  
45TH AND CALUMET AVENUE  
45TH AND CALUMET AVENUE  
MUNSTER, IN 46321

BOL# False  
Ship Via Delivery  
Ship Date 8/13/2020  
Due Date 9/17/2020  
Terms NET 30 DAYS

Customer ID 69849  
P.O. Number MARK HARTWIG - JOB 214092  
P.O. Date 8/13/2020  
Our Order No. 216263  
SalesPerson KEVIN EGAN  
Clerk No. jf

Item/Description	Unit	Order Qty	Quantity	Unit Price	Total Price
WRM161055G MEADOWS 1610 WHITE INDOT CURE 55G ORDERED BY MARK HARTWIG 219.613.0204 MOBILE JOB 214092	EACH	1	1	350.00	350.00



Amount Subject to Sales Tax USD 350  
Amount Exempt from Sales Tax 0.00

**PAYMENT SUMMARY**

Please Read Before signing: Contract Agreement on Reverse Side.

Please Notify Your Insurance Broker of Physical Damage Coverage.

- (1) Know your rates. (2) You are Charged for Time Out, not time used.  
(3) Rules are based on an 8 hour day, 40 hour week, 160 hour month. Any usage in excess of this amount will be charged at an appropriate rate.  
(4) Equipment must be returned clean. Customer responsible for care, safety, and security of equipment. (5) If mechanical failure occurs - please call immediately.  
(6) A Service Charge of 1-1/2% per month will be charged on all accounts 30 days Past due (18% per year). (7) Tires and batteries are responsibility of customer. (8) Fuel charge on return of equipment.

X \_\_\_\_\_

**CONTRACT TOTALS**

**Subtotal: 350.00**  
Invoice Discount: 0.00  
Sales Tax 7.00%: 24.50  
INDIANA  
**Total USD: 374.50**

**PLEASE PAY FROM THIS INVOICE. 1 1/2% PER MONTH ON UNPAID BALANCE OVER 30 DAYS.**

**INVOICE**

A.P.  
V# 157769  
MH 219042

Remit To: P.O. Box 155 Eola, IL 60519-0155

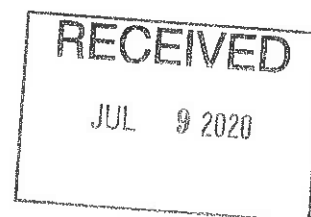
Invoice Number: 208933  
Invoice Date: 6/30/2020

Bill To: WALSH CONSTRUCTION OF INDIANA  
1260 EAST SUMMIT STREET  
CROWN POINT, IN 46307

Ship To: WALSH CONSTRUCTION OF INDIANA  
45th & Calumet Ave  
MUNSTER, IN

BOL#	False	Customer ID	69849
Ship Via	Delivery	P.O. Number	214092 / MARK
Ship Date	6/24/2020	P.O. Date	6/24/2020
Due Date	7/30/2020	Our Order No.	211633
Terms	NET 30 DAYS	SalesPerson	KEVIN EGAN
		Clerk No.	jf

Item/Description	Unit	Order Qty	Quantity	Unit Price	Total Price
500002- BLANKET, CURE 6'x25' 2.2 B/BLK	EACH	90	90	32.00	2,880.00
WRM161055G MEADOWS 1610 WHITE INDOT CURE 55G	EACH	1	1	350.00	350.00
1949-CC4 CHAPIN, 4g SPRAYER	EACH	2	2	124.85	249.70
0400093N <del>CORD, ADAPTER 5-15P TO L5-20R 12"-12/3</del>	<del>EACH</del>	<del>3</del>	<del>3</del>	<del>12.95</del>	<del>38.85</del>



Amount Subject to Sales Tax USD 3518.55  
Amount Exempt from Sales Tax 0.00

**PAYMENT SUMMARY**

**CONTRACT TOTALS**

Please Read Before signing: Contract Agreement on Reverse Side.

Please Notify Your Insurance Broker of Physical Damage Coverage.

(1) Know your rates. (2) You are Charged for Time Out, not time used.

(3) Rules are based on an 8 hour day, 40 hour week, 160 hour month. Any usage in excess of this amount will be charged at an appropriate rate.

(4) Equipment must be returned clean. Customer responsible for care, safety, and security of equipment. (5) If mechanical failure occurs - please call immediately.

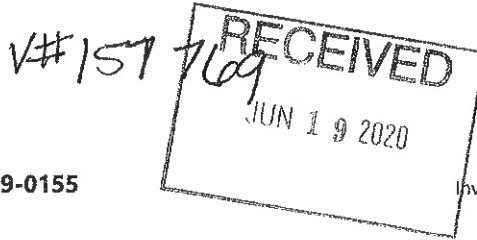
(6) A Service Charge of 1-1/2% per month will be charged on all accounts 30 days Past due (18% per year). (7) Tires and batteries are responsibility of customer. (8) Fuel charge on return of equipment.

X

PLEASE PAY FROM THIS INVOICE. 1 1/2% PER MONTH ON UNPAID BALANCE OVER 30 DAYS.

<b>Subtotal:</b>	<del>3,518.55</del>	<b>\$3,479.70</b>
Invoice Discount:	0.00	
Sales Tax 7.00%: INDIANA	<del>246.30</del>	<b>\$243.58</b>
<b>Total USD:</b>	<del>3,764.85</del>	<b>\$3,723.28</b>

**INVOICE**



Remit To: P.O. Box 155 Eola, IL 60519-0155

Invoice Number: 207285  
Invoice Date: 6/11/2020

**COPY**

Bill  
To: WALSH CONSTRUCTION OF INDIANA  
1260 EAST SUMMIT STREET  
CROWN POINT, IN 46307

*AP*

Ship  
To: WALSH CONSTRUCTION OF INDIANA  
ATN MIKE @ 1-219-210-4092  
45th & CALUMET  
MUNSTER, IN

BOL# False  
Ship Via Delivery  
Ship Date 6/4/2020  
Due Date 7/11/2020  
Terms NET 30 DAYS

Customer ID 69849  
P.O. Number MIKE / 214092  
P.O. Date 6/4/2020  
Our Order No. 209741  
SalesPerson KEVIN EGAN  
Clerk No. JF

Item/Description	Unit	Order Qty	Quantity	Unit Price	Total Price
500020-MD6 BURLINE, 10'x100'	EACH	12	12	282.00	<del>3,384.00</del>

**THIS COST IS NOT INCLUDED IN THE CHANGE ORDER REQUEST.  
THIS INVOICE IS BACK-UP DOCUMENTATION THAT WALSH HAD PURCHASED MATERIAL TO  
CURE STRUCTURAL CONCRETE PRIOR TO THE DESIGN CHANGE.**

Amount Subject to Sales Tax USD 0  
Amount Exempt from Sales Tax 3,384.00

**PAYMENT SUMMARY**

**CONTRACT TOTALS**

Please Read Before signing: Contract Agreement on Reverse Side.

Please Notify Your Insurance Broker of Physical Damage Coverage.

(1) Know your rates. (2) You are Charged for Time Out, not time used.

(3) Rules are based on an 8 hour day, 40 hour week, 160 hour month. Any usage in excess of this amount will be charged at an appropriate rate.

(4) Equipment must be returned clean. Customer responsible for care, safety, and security of equipment. (5) If mechanical failure occurs - please call immediately.

(6) A Service Charge of 1-1/2% per month will be charged on all accounts 30 days Past due (18% per year). (7) Tires and batteries are responsibility of customer. (8) Fuel charge on return of equipment.

**X**

**Subtotal:** ~~3,384.00~~  
Invoice Discount: 0.00  
Sales Tax: 0.00  
INDIANA  
**Total USD:** ~~3,384.00~~

PLEASE PAY FROM THIS INVOICE. 1 1/2% PER MONTH ON UNPAID BALANCE OVER 30 DAYS.