

**DANE COUNTY DEPT. OF  
PUBLIC WORKS, HIGHWAY &  
TRANSPORTATION**

1919 Alliant Energy Center Way  
Madison, Wisconsin 53713  
Office: 608/266-4018 ♦ Fax: 608/267-1533  
Public Works Engineering Division  
Public Works Solid Waste Division

**CONTRACT CHANGE ORDER**

**TO:** Public Works & Transportation Committee

**C.O. NO:** 8

**DATE:** 6/28/2017

**REFERENCE:** Bid No.: 313044

P.O. No.: 20131381

**PROJECT:** Architectural & Engineering Design Services for the Medical Examiner Office Building

**CONTRACTOR:** Dorschner Associates

**DESCRIPTION:**

1. Reference No.: Invoice 001805
2. Requested By: Owner
3. Proposed Change: Additional A/E services.
4. Reason for Change: Additional services needed for pre-punch autopsy visit with consultant (MWL).

5. **TOTAL ADD TO CONTRACT:** **\$5,000.00**

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Document not valid unless signed by the Owner, Architect (if applicable) and Contractor

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The original Contract amount was .....\$335,000.00  
Net change by previously authorized Change Orders .....\$129,705.00  
The Contract amount prior to this Change Order was.....\$464,705.00  
The Contract amount will be increased by this Change Order in the amount of .....\$5,000.00  
The new Contract amount including this Change Order will be .....\$469,705.00  
The Completion Date will be unchanged by ..... 0 days  
The date of Substantial Completion as of the date of this Change Order therefore is .....6/30/2014

**Approvals:**

\_\_\_\_\_  
Public Works & Transportation Committee

\_\_\_\_\_  
Controller's Division

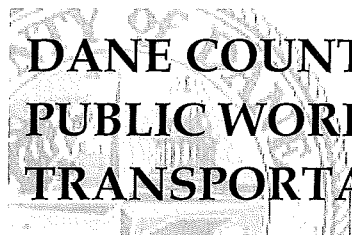
\_\_\_\_\_  
Contractor

\_\_\_\_\_  
Architect / Engineer (A/E)

\_\_\_\_\_  
Purchasing Division

\_\_\_\_\_  
Public Works, Highway & Transportation (PWHT)

Final Copy Distribution: Contractor \_\_\_\_\_ Purchasing \_\_\_\_\_ Department \_\_\_\_\_ A/E \_\_\_\_\_ PWHT \_\_\_\_\_



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Public Works Solid Waste Division

**CONTRACT CHANGE ORDER**

**TO:** Public Works & Transportation Committee

**C.O. NO:** 9

**DATE:** 6/28/2017

**REFERENCE:** Bid No.: 313044

P.O. No.: 20131381

**PROJECT:** Architectural & Engineering Design Services for the Medical Examiner Office Building

**CONTRACTOR:** Dorschner Associates

**DESCRIPTION:**

1. Reference No.: Invoice 001804
2. Requested By: Owner
3. Proposed Change: Additional A/E services.
4. Reason for Change: Additional services needed for electrical for AV rough-in.

5. **TOTAL ADD TO CONTRACT:** \$2,846.00

Document not valid unless signed by the Owner, Architect (if applicable) and Contractor

The original Contract amount was .....\$335,000.00  
Net change by previously authorized Change Orders .....\$134,705.00  
The Contract amount prior to this Change Order was.....\$469,705.00  
The Contract amount will be increased by this Change Order in the amount of .....\$2,846.00  
The new Contract amount including this Change Order will be .....\$472,551.00  
The Completion Date will be unchanged by ..... 0 days  
The date of Substantial Completion as of the date of this Change Order therefore is .....6/30/2014

**Approvals:**

Public Works & Transportation Committee

Controller's Division

Contractor

Architect / Engineer (A/E)

Purchasing Division

Public Works, Highway & Transportation (PWHT)

Final Copy Distribution: Contractor \_\_\_\_\_ Purchasing \_\_\_\_\_ Department \_\_\_\_\_ A/E \_\_\_\_\_ PWHT \_\_\_\_\_