City of New York
Parks & Recreation

Form 39B

CHANGE ORDER WORK REQUISITION

FOR CHANGE ORDERS ONLY

Sheet___of___

Payment Req. No._____(Partial/Final) Payment Period From_____to_____inclusive

Contract No._____ Comptroller's No._____ Borough_____

Job Description_____ Contractor's Name_____

Address_____ Tel. No._____

C.O. No.	Description: Include type of C. O., ie. Lump Sum, Not to Exceed Unit Cost or T&M, Unit Cost or T&M Final Cost	DPR Letter Date	Amount Approved	Previously Billed Amount	Total Cost To Date
		TOTALS:			

Submit Form To: Borough Director, Resident Engineer

Revised: 6/03