

Lee County Construction Management Agreement Contingency Transfer Approval

Print Form

Project Name:			
Construction Manager:			
Contract #:	Pro	ject #:	RFQ #:
Transfer Requested By:		_	Date of Request:
			n parties to the Contract, the Construction hanges in the Contract Documents:
Description: Various adjustn	ents to constru	ction cost line item amount	S.
Purpose of Transfer: To adju sitem amounts as priced by the			s line item amounts to match the actual line
Attachments:			
1) Contingency Tran	sfer History		
2) Proposal Requests	Numbers		
Contingency in GMP Price:			
Guaran	teed Maximum	Price: Original Project Co	ntingency Amount:
Previous Contingency Tr Number to Nur	ransfers Net nber	Increase (Decrease) of this Contingency Transfer	New Project Contingency Amount
	d represents an		ne CONSTRUCTION MANAGER constitutes ull for all costs arising out of, or incidental
RECOMMENDED:		ACCEPTED:	APPROVED:
Consultant (If Applicable)	Date	Construction Manage	er Department Director
Project Manager	Date	Construction Manage	Per Department Director

PO Box 398 - Fort Myers, FL 33902-0398 **Main Phone**: (239) 533-2111