

## CO-STA Exhibit B Compensation & Method of Payment

☐ Change Order Agreement #: ☐ Supplemental Task Authorization #: ☐						
Comper	nsation and Method of Payment for	•				
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Section 1	1.00 Changes in Compensation					
	pensation the CONSULTANT shall be	entitled	to receive for pr	roviding and perfor	ming the supplen	nented or
	services, tasks, or work as set forth an PLEMENTAL TASK AUTHORIZATIO					
	A Lump Sum (LS) or Not-to-Exceed (N					
	ed and set forth below for each task of					onound be
Task Number	Task Name	LS or NTE	Compensation in Agreement or STA			Total
				Adjustment(s) by all previous CO(s)	Adjustment(s) due to this CO	Compensation per Task
		J				
				-		

Total amount authorized by this CO or STA:

**Project Total:** 

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PO Box 398 - Fort Myers, FL 33902-0398

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