Subcontractor Change Request Form

(To be used by General/Prime Contractor when changing a previously approved subcontractor on a project)

GC/Prime Contractor Project Name Requested By			Change #	Subcontractors currently approved/listed	
			Date Submitted		
			Date Reply Due		
	Reason	(s) for this Change (n	nay attached sep	arate sheet	} :
	New Subcontrac	tor Local /M/WBE sta	tus: (Local; N	/IBE;WE	BE;SBE)
ffec	t on Schedule, Deliverat	oles, and Project Cost			
).	Deliverable / Item	Revised End Date	Net Ch Hou	- 1	Net Change, Cost
			Increa		Increase or
			(Decre	ease)	(Decrease)
	Totals				
	Submit Via Fax or email cheyward@chathamcounty.org or via fax (912) 652-7849				
	equires Purchasing Agent				Date

Comments by Purchasing Agent