central florida Expressway Authority

**Work Order for Unforeseen Additional Work**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Contingency Pay Item #:\* | |  | Work Order No.: |  |
| Project Number: |  | | Work Order Category |  |
| Contractor |  | | Date |  |

### DESCRIPTION OF WORK:

**REASON:**

|  |  |
| --- | --- |
| TOTAL COST OF WORK: $ |  |

Amount to be paid as a percentage of the Lump Sum Contingency Supplemental Agreement or Contingency Pay Item in the original Contract.

\*N/A when funding by Contingency Pay Item in original Contract.

The CFX and the Contractor agree that the total cost shown above constitutes full and complete settlement of the costs incident to performing the work described above in accordance with the covenants and restrictions of the above referenced Contingency Supplemental Agreement.

**RECOMMENDED BY:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
| CEI Resident/Project Engineer |  | Date |  | Resident Engineer/Construction Manager |  | Date |

**EXECUTED BY:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
| Contractor |  | Date |  | CFX Director of Construction |  | Date |

**NOTE**: Attach Finding of Facts