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| --- | --- | --- | --- | --- | --- |
|  | | **CLAIM FORM NUMBER**: | | | Click here to enter text. |
|  | | **DATE**: | | | Click here to enter a date. |
|  | |  | | |  |
| **PROJECT NAME:** Click here to enter text. | | **UR PROJECT NO.:** | | | Click here to enter text. |
| **CONSULTANT’S PROJECT NO.:** | | | Click here to enter text. |
| **Location**: Click here to enter text. | |  | | |  |
|  | |  | | |  |
| **FROM:** | |  | | |  |
| **Contractor:** Click here to enter text. | | **CONTRACT FOR**: | | | Click here to enter text. |
|  | |  | | |  |
| **Address**: Click here to enter text. | |  | | |  |
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| **The Request is for:** | | | | |  |
| 1. An extension in contract time: Number of days Click here to enter text. : | | | | | |
| 2. Additional compensation: Amount $Click here to enter text. | | | | | |
|  | | | | | |
| 1. The contract time is extended due to: | | | | | |
| Unforeseen circumstances and conditions | | | | | |
| Changes in scope proposed by Consultant or Owner | | | | |  |
| Suspension of work | | | | |  |
| Description: [attach appendix if needed] | | | | |  |
| Click here to enter text. | | | | | |
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|  | |  | | |  |
| 1. Additional compensation due to: | |  | | |  |
| Unforeseen circumstances and conditions. | | | | |  |
| Alterations of plans or details of construction/changes in scope. | | | | | |
| Suspension of work | | | | |  |
| Description: [attach appendix if needed] | | | | | |
| Click here to enter text. | | | | | |
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| **Contractor’s Certification** | | | | | |
| **I hereby certify that the information contained herein is true and accurate.** | | | | | |
| **Contractor Signature:** |  | | **Title:** | Click here to enter text. | |
| **Print Name:** | Click here to enter text. | | **Date:** | Click here to enter a date. | |
|  | | |  |  | |