## Washington State **Department of Transportation**

Project: (Name)

(Address)

To: (Contractor)

## **Change Order Quotation**

**Quotation Number** 

Contract	Number

**Quotation Date** 

Contract Date

Please submit an itemized quotation for changes in the Contract Sum and/or Time incidental to proposed modifications to the Contract Documents described herein.

## This is NOT a Change Order NOR a direction to proceed with the work described herein.

Item No.	Group No.	Description (Written Description of the Work)	Amount Change
Attachments (List attached documents that support description)			
DOT Form 570-002 Revised 02/2008 Original to: Contractor Copies to: Accounting Services Office Project Administrator   Original to: Contractor Original to: <td< td=""></td<>			