



**AUTHORIZATION FORM
REQUEST FOR ADDITIONAL SERVICES**

USER DEPARTMENT _____

DATE: _____

A/E AGREEMENT NAME: _____

CONSULTANT: _____

PURCHASE ORDER #: _____

AUTHORIZATION #: _____

ACTIVITY NAME & NUMBER: _____

AMOUNT (EXCLUSIVE OF TAX): _____

DESCRIPTION OF ADDITIONAL SERVICES REQUEST:

JUSTIFICATION OF ADDITIONAL SERVICES REQUEST:

Project Manager Date

Director Date

CIP Official Date

CAO Date