



NYC Parks

Form 39B

CHANGE ORDER WORK REQUISITION
FOR CHANGE ORDERS ONLY

Sheet of

Payment Req. No. Partial/Final)

Payment Period From to inclusive

Contract No.

Comptroller's No. Borough

Job Description Contractor's Name

Address Tel. No.

C.O. No.	Description: Include type of C. O., i.e. Lump Sum, Not to Exceed Unit Cost or T&M, Unit Cost or T&M Final Cost	DPR Letter Date	Amount Approved	Previously Billed Amount	Total Cost To Date
		TOTALS:			