

CONTRACTOR NOTICE OF CLAIM



Unique ID:

Date:

Status:

Project No:

File No:

Contractor:

NOTICE OF CLAIM FOR ADJUSTMENT DUE TO:

NATURE OF THE EVENT:

CAUSE OF THE EVENT:

IMPACT OF THE EVENT:

In the event that this issue is not resolved by Supplemental Agreement or Force Account Order, the Contractor shall submit to the Department at the appropriate time a fully detailed request ("Claim") for additional time or compensation.

Copy of this notice was delivered to the RESIDENT CONSTRUCTION ENGINEER on .

Submitted By:

Contractor Rep:

Signature: _____

Date: _____

Received By:

Resident Engineer:

Signature: _____

Date: _____