**WORK ORDER PROPOSAL SUPPLEMENT #**

|  |  |  |
| --- | --- | --- |
|  | Agreement Number: |        |

|  |  |
| --- | --- |
| Consultant Name: |        |
| Address: |              |

|  |  |  |  |
| --- | --- | --- | --- |
| Contact Person Technical: |        | Phone: |        |
| Contact Person Accounting: |        | Phone: |        |
| Vendor Number: |        |  |
| DCNR Project Title & Location: |        |
| DCNR Project Number: |        |
| DCNR Project Coordinator: |        |
| DCNR Work Order Number: |        |
| **Task #** |  | **Task Description** |  | **Original****Cost**  | **+** | **Additional****Cost** | **=** | **New Cost** |  | **% of Total** |
| Task 1 |  |        |  | $ 0.00  |  | $ 0.00  |  | $ 0.00  |  |  0.00% |
| Task 2 |  |        |  | $ 0.00  |  | $ 0.00  |  | $ 0.00  |  |  0.00% |
| Task 3 |  |        |  | $ 0.00  |  | $ 0.00  |  | $ 0.00  |  |  0.00% |
| Task 4 |  |        |  | $ 0.00  |  | $ 0.00  |  | $ 0.00  |  |  0.00% |
| Task 5 |  |        |  | $ 0.00  |  | $ 0.00  |  | $ 0.00  |  |  0.00% |
| Task 6 |  |        |  | $ 0.00  |  | $ 0.00  |  | $ 0.00  |  |  0.00% |
| Task 7 |  |        |  | $ 0.00  |  | $ 0.00  |  | $ 0.00  |  |  0.00% |
| Task 8 |  |        |  | $ 0.00  |  | $ 0.00  |  | $ 0.00  |  |  0.00% |
| Task 9 |  |        |  | $ 0.00  |  | $ 0.00  |  | $ 0.00  |  |  0.00% |
| Task 10 |  |        |  | $ 0.00  |  | $ 0.00  |  | $ 0.00  |  |  0.00% |
|  |  | **Sub Total:** |  | $ 0.00  |  | $ 0.00  |  | $ 0.00  |  |  |
|  |
| **Sub Consultant Name** |  | **OriginalFee** | **+** | **Overhead& Profit** | **+** | **AdditionalFee** | **+** | **Overhead& Profit** | **=** | **NewFee** |  | **% of Total** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|        |  | $ 0.00  | (+) | $ 0.00  | (+) | $ 0.00  | (+) | $ 0.00  | = | $ 0.00  |  |  0.00% |
|        |  | $ 0.00  | (+) | $ 0.00  | (+) | $ 0.00  | (+) | $ 0.00  | = | $ 0.00  |  |  0.00% |
|        |  | $ 0.00  | (+) | $ 0.00  | (+) | $ 0.00  | (+) | $ 0.00  | = | $ 0.00  |  |  0.00% |
| Total: | $ 0.00  |  |
| Total Consultant Tasks and Subconsultant | $ 0.00 | 100% |
|  | **Reimbursable Expenses Not to Exceed** |
|  |  | **Original** | **+** | **Additional** | **=** | **New Cost** |  |
|  | For Consultant | $ 0.00  | + | $ 0.00  | = | $ 0.00  |  |
|  | For Sub Consultant | $ 0.00  | + | $ 0.00  | = | $ 0.00  |  |
| **ORIGINAL WORK ORDER TOTAL:** | $ 0.00  |  |
| **APPROVED SUPPLEMENT:** | $ 0.00  |  |
| **NEW WORK ORDER TOTAL:** | $ 0.00  |  |