



# Wisconsin Department of Transportation



## CONTRACT MODIFICATION JUSTIFICATION

CONTRACT ID:	CONTRACT MODIFICATION NO: CMJ NO:
PROJECT ID:	FEDERAL ID:
HIGHWAY OR LOCAL ROAD:	COUNTY:
PROJECT DESCRIPTION:	
MANAGING OFFICE:	LOCAL PROGRAM: <input type="checkbox"/>
CONTRACT SUBJECT TO FHWA OVERSIGHT? <input type="checkbox"/> Yes <input type="checkbox"/> No	(If yes, submit CMJ to FHWA prior to executing the contract mod)
FHWA PRIOR APPROVAL REQUIRED? <input type="checkbox"/> Yes <input type="checkbox"/> No	

1. Description & need for change:
2. Consequences if this Contract Modification is not approved:
3. Alternatives considered:
4. Estimated cost:
5. Justification of price (attach supporting documentation):
6. Does this change affect the contract time? <input type="checkbox"/> Yes <input type="checkbox"/> No Explanation for consideration of time: Additional Number of days: _____ New completion date: _____ To be determined: _____

Prepared By _____	_____
Project Engineer / Project Manager	Date
Approved _____	_____
Project Manager / Supervisor (If required)	Date
Approved _____	_____
Section Chief (If required)	Date
Approved _____	_____
FHWA (If required)	Date