# PROFESSIONAL CONTRACT REVIEW FORM

OWNER: _____
(Name of Institution/Agency/Department)

_____
(Address/City/State/Zip Code)

_____
(Telephone Number/Fax Number)

_____
(Contact Person/Title)

PROFESSIONAL: _____
(Name)

_____
(Address/City/State/Zip Code)

_____
(Telephone Number/Fax Number)

_____
(Contact Person/Title)

PROJECT: _____
(Project Title)

_____
(Address and/or Location)

TYPE SERVICE: ( ) Architect ( ) Engineer ( ) Other ( ) Furniture & Equipment

Note: Select only one from each category

CONTRACT FORM: ( ) AIA ( ) BOB ( ) Other

FEE BASIS: ( ) Lump Sum (Amount: $ _____ )
( ) Percentage of Construction (Percentage: % _____ )
( ) Hourly (Amount: $ _____ )

ADDITIONAL SERVICES: Type:_____
Fee: $ _____
Type:_____
Fee: $ _____

ESTIMATED PROJECT BUDGET:

| | |
|---|---|
| Estimated Construction | $_____ |
| Estimated Fee | $_____ |
| Estimated Furniture & Equipment | $_____ |
| Estimated Other | $_____ |
| Estimated Contingency | $_____ |
| Estimated Project Budget Total | $_____ |

COMMENTS: _____
_____
_____

======= Bureau of Building, Grounds and Real Property Management =========

| | | |
|---|---|---|
| Approved without change | Approved By: | Date: |
| Approved with conditions noted | Approved By: | Date: |
| Resubmit | Disapproved By: | Date: |