

SUBSTITUTION REQUEST

Substitution Request # : _____

Date: _____

TO: _____
Architect / Consultant

Location: _____

Project I D #: _____

FROM: _____
Contractor / Vendor

Project Description: _____

The above listed Contractor / Vendor here by requests approval of the following product in accordance with Section GC 36.00 of the General Conditions of the contract.

Material Or Product

Specified Material or Product: _____

Manufacture: _____

Model #: _____

Specification Section: _____

Substituted Material or Product: _____

Manufacture: _____

Model #: _____

Reason for Substitution:

A) Specified Product is no longer available:

C) The Owner will receive a Savings of: _____

B) Substitution will improve lead time by _____ Days

D) The Quality of the Material or Product will be Improved:

Give Details:

Contractor's or Vendor's Comments on Substitution:

Contractor / Vendor _____
Signature

Architect / Consultant Recommendations:

Architect / Consultant _____
Signature

Owner Approval Date: _____

Owner Rejection Date: _____

School District's Project Manager _____
Signature