



CHANGE ORDER # 2A-006

Project Name	<u>Maps4 Paycom Arena 22.5451</u>	Change Order Amount	<u>\$38,115.00</u>
CCN Location	<u>1</u>	Daktronics Contract #	<u>C31258</u>
Customer	<u>Paycom Arena</u>	Purchase Order #	<u>OCITY - 153050</u>
Currency	<u>USD</u>		

This Change Order is for items as delineated below:

Increased size of 3 corner vomitories. Increasing from 4 video panels wide to 7 video panels wide on three displays.

Please note there are other change order proposals presented and are not reflected in total numbers below.

The original Order Sum was.....	<u>6,949,577.00</u>
Previously Approved Change Orders.....	<u>210,718.85</u>
Order Sum After Previous Change Orders.....	<u>7,160,295.85</u>
The Order Sum will be increased (or decreased) by this Change Order.....	<u>38,115.00</u>
The new Order Sum including this Change Order will be.....	<u>7,198,410.85</u>

Not valid until signed by all parties.

Signature of the customer indicates agreement herewith, including any adjustments in the Order Sum or Order Time.

Customer

Authorized/Approved:

Signature: _____

Printed Name/Title: _____

Date: _____

Daktronics

Authorized/Approved:

Signature _____

Signature _____

Printed Name _____

Printed Name _____

Date: _____

Date: _____

Daktronics Internal Routing:
Standard Orders: Project Coordinator
Contracts: Change Orders email



DAKTRONICS CHANGE ORDER

DAKTRONICS Change Order Routing Form *For Internal Use Only*

Contract # Maps4 Paycom Arena 22.5451 Date _____

Additional Equipment included in Change Order? ☐ Yes ☐ No

If yes- Detail equipment in Change Order ☐ Yes

Equipment List: (add a separate list as needed)

Qty	Model# (incl scbds,ads,etc.)	Matrix or Digit Size	Technology

Controllers:

Rack Mount ☐ Yes ☐ No

	Cost	Selling Price	GP%
Products/Services	\$0.00	\$0.00	#####
*excluding warranty			
Warranty (2%)	\$0.00	\$0.00	#####
Extended Services			#####
Subcontracting	\$0.00	\$0.00	#####
Total Change Order			#####

4 entries above must total the Change Order Amount

Warranty Type Duration

**Other than 1 year Gold Warranty- MUST attach a quote from Customer Service.

If a quote is not attached the COS will be returned and not be entered into the system

Requested Ship Date

Equipment to be Built Where? 100 SF ☐ 110 RWF ☐ 120 Trans ☐ 130 Vort ☐ 140 LE ☐
HSPR ☐ Other ☐

Has estimate in Glovia been adjusted to reflect these additional costs? ☐ Yes ☐ No

Attach the following documents:

Signed Change Order form	Document Number DF-1215	Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
Quote (if one was prepared)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Proposal Exception form	Document Number DF-2309	<input type="checkbox"/> Yes <input type="checkbox"/> No
Budget Spreadsheet detailing cost		<input type="checkbox"/> Yes <input type="checkbox"/> No

FOR ACCOUNTING PURPOSES ONLY:

Trigger#	Description	Estimated Date	%	Amount

