



# ALLOWANCE AUTHORIZATION FOR CONSTRUCTION CONTRACT

NJSDA FORM 802

Date: \_\_\_\_\_ Allowance No.: \_\_\_\_\_ Authorization No.: \_\_\_\_\_  
Contract No.: \_\_\_\_\_ Project. No.: \_\_\_\_\_  
Contractor: \_\_\_\_\_ School Name: \_\_\_\_\_  
CM: \_\_\_\_\_ District \_\_\_\_\_  
Design Con.: \_\_\_\_\_ SDA PO: \_\_\_\_\_  
Attachments: \_\_\_\_\_

## Dollar Value Category (select only one)

☐ Lump Sum ☐ Unit Cost Not to Exceed ☐ Not to Exceed Time and Material

## The Purpose of this Allowance Authorization Request (this purpose shall conform to the Allowance Category in the contract): (The brief description)

## The Contractor is authorized to perform the following Allowance Work: (The detailed description)

## Anticipated Additional Need of this Allowance Amount: (The brief description)

## Allowance Cost:

A	B	(A + B) C	D	E	(C - D - E) F
Original Allowance	Changes to Allowance	Total Current Allowance	Prior Authorizations	This Authorization	Remaining Balance
_____	_____	_____	_____	_____	_____



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**Time: (This is notification only that TIME may be impacted. Any adjustment to the Contract time must be accomplished through a properly authorized change order.):**

(In calendar days where applicable)	ORIGINAL DATE	PRIOR TIME AUTHORIZATION	THIS TIME ADD / DEDUCT	CURRENT CONTRACT
Substantial Completion	_____	_____	_____	_____
Final Completion	_____	_____	_____	_____

This Allowance Authorization Request represents the total and entire adjustment to the Allowance Amount for the authorization described herein and is included in the contract sum.

**Reviewed by Program Officer-Controls and Verified the Allowance Authorization is within Allowance value established within the contract**

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**Reviewed by Program Officer-Controls and the Allowance Authorization EXCEEDS Allowance value established within the contract**

☐

\_\_\_\_\_  
Signature

## Accepted and Agreed to By:

Contractor:

\_\_\_\_\_  
Signature

## Recommended for Acceptance By:

CM:

\_\_\_\_\_  
Signature

## Approved and Agreed to By:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Job Title:

## Approved and Agreed to By:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Job Title:

Contract No.:

Allowance No.:

Authorization No.: