

ALLOWANCE EXPENDITURE DIRECTIVE FORM

 _____, CA _____

**ALLOWANCE
 EXPENDITURE
 DIRECTIVE NO.:**

ALLOWANCE EXPENDITURE DIRECTIVE

Project: _____

Date: _____

Bid No.: _____

DSA File No.: _____

DSA Appl. No.: _____

The following parties agree to the terms of this Allowance Expenditure Directive ("AED"):

Owner Name, Address, Telephone:

Contractor Name, Address, Telephone:

Reference	Description	Allowance Authorized for Expenditure
Request for AED # Requested by: Performed by: Reason:	[Description of <u>Allowance</u> item relating to Work] [Requester] [Performer] [Reason]	\$
Request for AED # Requested by: Performed by: Reason:	[Description of <u>Allowance</u> item relating to Work] [Requester] [Performer] [Reason]	\$
Request for AED # Requested by: Performed by: Reason:	[Description of <u>Allowance</u> item relating to Work] [Requester] [Performer] [Reason]	\$

Deleted: unforeseen

Deleted: unforeseen

Deleted: unforeseen

Total Contract Allowance Amount:	\$
Amount of Previously Approved Allowance Expenditure Directive(s):	\$
Amount of this Allowance Expenditure Directive:	\$

The undersigned Contractor approves the foregoing release of Allowance for completion of each specified item, and agrees to furnish all labor, materials and services and perform all work necessary to complete any additional work specified for the consideration stated therein ("Work"). Submission of sums which have no basis in fact or which Contractor knows are false are at the sole risk of Contractor and may be a violation of the False Claims Act set forth under Government Code section 12650, et seq.

Deleted: allowance

This Allowance Expenditure Directive must be signed by an authorized District representative.

It is expressly understood that the authorized allowance expenditure granted herein represents a full accord and satisfaction for any and all cost impacts of the items herein, and Contractor waives any and all further compensation based on the items herein. The value of the extra work or changes expressly includes any and all of the Contractor's costs and expenses, and its subcontractors, both direct and indirect. Any costs, expenses, or damages not included are deemed waived.

Signatures:

DISTRICT: _____ Date: _____ By: _____ [Print Name and Title here]	CONTRACTOR: _____ Date: _____ By: _____ [Print Name and Title here]
ARCHITECT: _____ Date: _____ By: _____ [Print Name and Title here]	PROJECT INSPECTOR: _____ Date: _____ By: _____ [Print Name and Title here]

END OF DOCUMENT