

WAYNE STATE UNIVERSITY
Facilities Planning and Management
Preliminary Project Cost and Schedule Impact Report

Revision 2_8.12.09

Project Name: **ProjectName**
WSU Project Number: **ProjectNumber** Report Number: **PPCaSIRNumber**
Vendor Name: **VendorName** Project Manager: **ProjectManagerName**
WSU Purchase Order Number: **PurchaseOrderNumber**
Requested by: **RequestorName**
Date: **Date**

Scope of work impact:

"Briefly describe the impact to the scope of work."

Cost Impact:

"Briefly describe the impact to the cost of work."

Schedule Impact:

"Briefly describe the impact to the schedual of work."

Cause of Change: **Check One**

<input type="checkbox"/> Error - Professional Service	<input type="checkbox"/> Error - Contractor	<input type="checkbox"/> Owners Scope Change
<input type="checkbox"/> Schedule Impact	<input type="checkbox"/> Hidden Condition	<input type="checkbox"/> Code Issue
<input type="checkbox"/> Contractor Voluntary Alternate	<input type="checkbox"/> Field Condition	<input type="checkbox"/> Omission

The purpose of this document is to formalize a change in the scope of the work, cost, and schedule of this project. By signing this document, the parties are acknowledging this fact, and commit themselves to quantifying the exact impact on the Contract Sum and Completion date or Time(s) of Completion within five business days, and to providing and processing necessary work amendment and change order documentation during the next payment application cycle.

Project Manager Acknowledgement: _____

Director Acknowledgement: _____

Senior Director: _____

Associate Vice President Acknowledgement: _____

Vendor Acknowledgement: _____

Comments regarding conditional acceptance:

"Additional Comments"

Note: Impact reports now require entry into the contract log. See coordinator for details.