

BID PERIOD SUBSTITUTION REQUEST FORM

TO: _____

Project: _____

We hereby submit for your consideration the following product instead of the specified item for the above project: Section Paragraph Specified Item

Proposed
Substitution: _____

Attach complete technical data including laboratory tests if applicable.

Include complete information changes to Drawings and/or Specifications which proposed substitution require for proper installation.

Fill in Blanks Below, use additional sheets if necessary:

A. Does the substitution affect dimensions shown on Drawings?

B. Will the undersigned pay for changes to building design, including engineering and detailing costs caused by substitution, if any?

C. What effect does substitution have on other trades?

D. Differences between proposed substitution and specified item?

E. Manufacturer's guarantees of proposed and specified items are:

_____ Same _____ Different (explain on attachment)

The undersigned states that the function, appearance and quality are equivalent or superior to the specified item.

Submitted by:

Signature

Printed Name

Company: _____

Address: _____

Telephone: _____

For Use by Design Consultant

Accepted

Accepted as Noted

Not Accepted

Received too Late

By: _____

Date: _____

Remarks: _____
