**AMENDMENT NO.\_\_\_\_\_TO WORK ORDER \_\_\_\_ ON MASTER CONTRACT ID \_\_\_-\_\_-\_\_\_\_**

BETWEEN THE WISCONSIN DEPARTMENT OF TRANSPORTATION

AND \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (CONSULTANT) FOR

*Project ID
Project Description
Project Limits
Highway, County*

The WORK ORDER made and entered into by and between the DEPARTMENT and CONSULTANT, dated (Month, day and year) for the MASTER CONTRACT dated (Month, day and year of CONTRACT) is hereby amended as set forth on the following pages.

The primary reason(s) for this amendment:

*(Include description of reason(s) for amendment and include basis of payment provisions-if applicable.)*

Compensation for all SERVICES provided by the CONSULTANT under the terms of the CONTRACT shall be for an amount not to exceed $ *(CONTRACT amount)*.

The DEPARTMENT REPRESENTATIVE is: *contact name; contact title; work address; e-mail; and telephone.*

The CONSULTANT REPRESENTATIVE is: *contact name; contact title; work address; e-mail; and telephone.*

In witness whereof, the parties hereto have caused this amendment to be executed and approved on the date signed by their authorized officers or representatives.

For the CONSULTANT For the DEPARTMENT

By: By:

Title: Title:

Date: Date: