



STATE OF ALASKA
DEPARTMENT OF TRANSPORTATION AND PUBLIC FACILITIES

BID MODIFICATION

Project Name and Number

Modification Number: _____

Note: All revisions shall be made to the unadjusted bid amount(s).
Changes to the adjusted bid amounts will be computed by the Department.

PAY ITEM NO.	PAY ITEM DESCRIPTION	REVISION TO UNIT BID PRICE +/-	REVISION TO BID AMOUNT +/-

TOTAL REVISION: \$ _____

Name of Bidding Firm

Responsible Party Signature

Date

This form may be duplicated if additional pages are needed.