

**HILLSBOROUGH COUNTY  
ALLOWANCE AUTHORIZATION RELEASE (AAR)**

AAR NO. \_\_\_\_\_

CONTRACT: \_\_\_\_\_

CPA NO. \_\_\_\_\_

C.I.P NO. \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_ BID NO. \_\_\_\_\_

The Contractor is hereby authorized and directed to make the following changes to the above contract, in accordance with all applicable requirements. The Contractor waives any and all claims to additional time extension and/or monetary compensation resulting from these changes and all cost associated with the AAR herein addressed.

DESCRIPTION OF ALLOWANCE WORK TO BE PERFORMED	COST IMPACT	DAYS
	<u>AMOUNT</u>	<u>DAYS</u>
ALLOWANCE WORK INCLUDED IN CONTRACT:	\$ _____	_____
TOTAL OF ALL PREVIOUS AAR'S:	\$ _____	_____
BALANCE OF ALLOWANCE WORK AVAILABLE:	\$ _____	_____
TOTAL ALLOWANCE WORK - THIS AAR:	\$ _____	_____
REMAINING ALLOWANCE WORK BALANCE:	\$ _____	_____

CONTRACTOR: \_\_\_\_\_

\_\_\_\_\_  
WITNESS

BY: \_\_\_\_\_ (SEAL)

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
Printed Name & Title

\_\_\_\_\_  
Date

COUNTY: HILLSBOROUGH COUNTY, FLORIDA

PROCUREMENT SVCS.: \_\_\_\_\_

LEGAL: \_\_\_\_\_

BY: \_\_\_\_\_  
Director, \_\_\_\_\_ Department

\_\_\_\_\_  
Date

cc: Christine Beck, CAO  
BOCC Accounting  
Fiscal & Administrative Support Section  
Procurement Services Department  
File