|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| INFORMATION BULLETIN | | | | | Project No.: | |  |
|  | | | | | | | |
| Project Description: *(Project Title, Facility Name and Address)* | | | | | Client Agency: | | |
| IB No.: | Trades: | Spec. Section: | | | | Drawing No.: | |
| Brief Description: | | | | | | | |
| Issue Date: | Issued By: | | | Affiliation: | | | |
| Reason:  Program Changer  Omission  Design Error  Contractor Error  Field Error  Field Condition  Document Clarification  Material / Methods Substitution | | | | | | | |
| Detailed Scope Description (include contract adds and deducts): | | | | | | | |
| Justification for OSC: | | | | | | | |
| Estimated Cost Impact:  Additional Cost  No Change  Credit | | | Estimated Time Impact:  YES  NO | | | | |
| Attached Document Description: | | | | | | | |