

Request For Substitution Approval

Architect Name
Job Name

Date
Bid Date

We hereby submit for your consideration the following product to replace the specified item for the above project.

Item Code	Specified Item
Proposed Substitution	
<input type="checkbox"/> Complete catalog, technical data, and a picture must be attached.	
Does the substitution affect dimensions shown on Drawings? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes Describe:	
Will the undersigned pay for changes to the FF&E design caused by the requested substitution?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does substitution affect other trades? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes Describe:	
Manufacturer's guarantees of the proposed and specified items are different? <input type="checkbox"/> Yes <input type="checkbox"/> No (Explained on attachment)	

Submitted by:
Signature
Firm
Address
Date
Telephone

Response of Specifier*
<input type="checkbox"/> Request is approved subject to compliance with the Specification and an Addendum will be issued.
<input type="checkbox"/> Approval cannot be granted because this request did not reach this office within the specified time.
<input type="checkbox"/> Approval cannot be granted at this time.
<input type="checkbox"/> Prior Approval for this substitution is not required by the Specification.
Signature
Date

*Written response will be made if stamped self-addressed envelope is submitted with this request.