

**Contractor Contingency Transfer Form**

Project Number:

Project Name:

Contractor:

Architect/Engineer:

Date Submitted:

CC Transfer #:



**UCF** FACILITIES PLANNING  
AND CONSTRUCTION

Revision #	SOV Section	Line Item #	Description of Line Item	Previous SOV	Add/Deduct	Revised SOV	Reason For Transfer
1 Add							
1 Deduct							
2 Add							
2 Deduct							
3 Add							
3 Deduct							
4 Add							
4 Deduct							
5 Add							
5 Deduct							
6 Add							
6 Deduct							

TOTAL			
-------	--	--	--

\_\_\_\_\_  
Contractor Agent's Name/Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
UCF Project Manager Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Architect or Engineer's Name/Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
UCF FP&C Associate Director Signature

Date: \_\_\_\_\_