

STATE ARBITRATION BOARD

3600 Red Road, Suite 409
Miramar, FL 33025

THIS FORM IS REQUIRED ONLY WHEN THE CLAIM INVOLVES A REQUEST FOR EXTENSION OF THE ALLOWABLE CONTRACT TIME

STATE JOB NO.: _____

PRIME CONTRACTOR: _____

Original Contract Time Allowed:

_____ C.D.

Contract Time Extensions Granted By The DOT:

+_____ C.D.

Final Contract Time Allowed:

_____ C.D.

Total Contract Days Charged:

_____ C.D.

Amount of Liquidated Damages Assessed By DOT:

_____ C.D. @ \$ _____ Per C.D. = \$ _____

Contract Day On Which The Contractor Begun Work:

_____ C.D.

Date On Which Work Began:

Date On Which DOT Accepted The Project:
