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:

_____________________

10/4/2019