

**WORK ASSIGNMENT ORDER**

**Spending Limit Change**

**CONTRACT NO.**

WAO No. \_\_\_\_\_ Revision No. \_\_\_\_\_  
Requestor \_\_\_\_\_ Phone No. \_\_\_\_\_ Office Symbol \_\_\_\_\_  
Task Title \_\_\_\_\_  
Estimated Start Date \_\_\_\_\_ Estimated Completion Date \_\_\_\_\_  
Cost Center Code \_\_\_\_\_ Carrier JONO \_\_\_\_\_ SUBJONO \_\_\_\_\_ TEST FAC \_\_\_\_\_  
Project JONO \_\_\_\_\_

**REQUEST TO CHANGE SPENDING LIMIT**

**Current Approved Budget** \_\_\_\_\_  
**Current Spending Limit** \_\_\_\_\_  
**Increase to Spending Limit** \_\_\_\_\_  
**New Total Spending Limit** \_\_\_\_\_

**Type of Funds** Institutional  \_\_\_\_\_  
*(Organization)*  
Contract Mod  \_\_\_\_\_  
*(Mod Number)*

 **Click to Approve**  
\_\_\_\_\_  
Field Technical Representative (Signature)      Date  
 **Click to Approve**  
\_\_\_\_\_  
Budget Analyst (Signature)      Date  
 **Click to Approve**  
\_\_\_\_\_  
Contracting Officer's Representative (Signature)      Date  
 **Click to Approve**  
\_\_\_\_\_  
Contracting Officer (Signature)      Date

Distribution of copies after KO approval: Original to Contractor; Copies to Technical Representative, COR, Contractor File

Notes:

Empty box for notes.