

DATE:

NOTICE OF CLAIM NUMBER:

WRC PROJECT NAME:

TO (Engineer or RPR Company Name):

ATTENTION (Engineer or RPR Name):

SUBMITTED BY (Company Name):

SUBMITTED BY (Name of Authorized Representative):

SUBJECT OF CLAIM:

SPECIFICATION SECTION(S):

LOCATION:

TOTAL CLAIM VALUE \$:

SCHEDULE IMPACT (Calendar Days):

DESCRIPTION OF CLAIM: (Attach back-up materials and supporting documentation. Include reasons for claim, itemization of costs, and critical path impacts.)

CONTRACTOR CERTIFIES THIS NOTICE OF CLAIM IS SUBMITTED IN ACCORDANCE WITH THE CONTRACT DOCUMENTS, INCLUDING THE REQUIREMENTS RELATING TO THE TIMELINESS OF THE SUBMISSION. CONTRACTOR ACKNOWLEDGES THAT IT WILL SUBMIT ALL SUPPORTING INFORMATION AND DOCUMENTS RELATING TO THE CLAIM AS REQUIRED BY AND WITHIN THE TIME LIMITS SET FORTH IN THE CONTRACT DOCUMENTS AND THAT ITS FAILURE TO DO SO WILL RESULT IN A WAIVER OF THE CLAIM. BY SIGNING BELOW, CONTRACTOR CERTIFIES THIS CLAIM COMPLIES WITH THE FEDERAL FALSE CLAIMS ACT. CONTRACTOR ALSO UNDERSTANDS AND ACKNOWLEDGES THAT SUBMITTING FALSE OR MISLEADING INFORMATION IS CAUSE FOR REJECTION OF THE CLAIM AND MAY SUBJECT IT TO OTHER PENALTIES AS PROVIDED BY LAW.

Printed Name and Title

Signature