



KRAUS-ANDERSON®
Construction Company

Change Order Request

Project: 1923025-02
La Crosse Center Expansion & Renovation
400 La Crosse Street
La Crosse, WI 54601

COR # ~~54.00~~ ⁵⁵

Date: 7/21/2020

To: Owner City of La Crosse
400 La Crosse Street
La Crosse, WI 54601

From: Kraus-Anderson Construction Company
151 East Wilson Street, Suite 100
Madison, WI 53703

PCO # 109 - Provide structural fill at the new NE entrance

Item #	Description	Vendor	Amount
1	Provide structural fill at the new NE entrance	Strupp Trucking, Inc.	\$4,757.00
Total For Change Order			\$4,757.00

Approved By: City of La Crosse

Signed: _____

Date: _____

Submitted By: Kraus-Anderson Construction Company

Signed: _____

Date: 7/21/2020 | 5:47 PM CD

Accepted By: I & S Group, Inc.

Signed: _____

Date: 7/29/2020 | 5:33 AM CD

DocuSigned by:

Peter Linsmeier

6867371012384A6...

DocuSigned by:

Patrick Vos

CE66D9E39AF4441...

Company Name: Strupp Trucking, Inc. #21
 Date: 6/4/2020
 PCO:

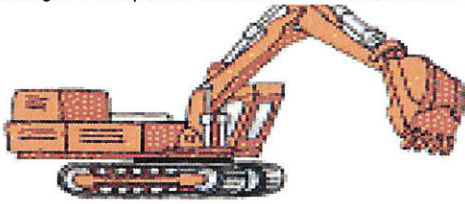
Project Name/Number: La Crosse Center

Write-Up Item	Write-up Description
Architectural Item #	Description of work:

Provide "structural" fill at the new NE Entrance.

	Cost	Description	Notes/Attachments
Labor			
Equipment			
Material \$	4,757.00	679.58 tn @ \$7.00/ton	From 11/GG to 4/BB.
Tax on Material Only \$	-		
	4,757.00		
5% Fee \$	-		
Total Cost of Change \$	4,757.00		

Subcontractor acknowledges no other Cost associated with this PCO. Ron Reichert Sign
6/4/2020 Date



CHANGE PROPOSAL

From: **JR STRUPP**
STRUPP TRUCKING, INC. &
STRUPP EXCAVATING, INC.
N6200 County Rd XX
Onalaska, WI 54650
Phone: 608-781-9828 Fax: 608-781-1789
CELL: 608-769-9940
jrstrupp@yahoo.com

#21

Date: 6/4/20

**To: Kraus-Anderson
151 E. Wilson St
Madison, WI**

Project Name: La Crosse Center Expansion and Renovation

Work to be included:

Strupp was requested to provide "structural" fill in response to foundation wall design/installation inconsistencies. The "structural" fill that Strupp provided and installed is a specifically mined product that is used for specialized engineered requirements. We would not have had this fill in our original quote. We are asking for an additional \$7/ton for this material. This rate also takes into account the extra placement work needed to simultaneously accommodate (2) types of fill.

Added Cost: 679.58 tons @\$7/ton = **\$4757.00** (four-thousand seven-hundred fifty-seven and 00/100 dollars)

Authorized Signature: Ron Reichert
Ronald J. Reichert
Project Manager

In order to provide quality service, price quote cannot be guaranteed beyond 10 days without written extension. All excavation +/- .10 foot. Handling and disposal of hazardous materials not included unless specifically stated. As per Wisconsin State law you are required to recycle to the maximum extent possible. No sawcutting, dewatering, shoring, testing, seed/sod, rock excavation, layout, grade establishment, hand excavation, excavation for thickened slabs, bollards, turned down curbs etc., frost protection or ripping. All backfilling and shaping to be completed prior to electrical, plumbing, mechanical etc. or General Contractor to provide laborers. General Contractor to provide and repair access for site.

All material is guaranteed to be as specified. All work to be completed in a workmanlike manner according to standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders and will become an extra charge over and beyond the estimate. All agreements contingent upon strikes, accidents or delays beyond our control. Owner to carry fire, tornado and other necessary insurance. Our workers are fully covered by workmen's compensation insurance. **This proposal to be included in any contract resulting for above bid.**

Acceptance of Proposal:

SIGNATURE: _____

DATE OF ACCEPTANCE: _____

The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified.

Please complete the following information:

Company Name: _____

Contact Person: _____

Billing Address: _____

Phone: _____ Fax: _____ Cell: _____

Job Name: _____ JobNumbers: _____

Please check how you would like to receive your invoice: Fax Invoice _____ Mail Invoice _____