**VOC PORT TRUST**

**CHECK LIST FOR EXTENSION OF CONTRACT**

**NAME OF DEPARTMENT -**

|  |  |  |
| --- | --- | --- |
| 1(a) | Name of work / TenderWith File and Project Code and Type Code SAP No |  |
| (b) | Awarded cost as per original work order |  |
| (c) | Period of Contract (DD/MM/YY to DD/MM/YY) |  |
| 2(a) | Estimated Cost of Original Tender for which Extension requested |  |
| (b) | Tender Value for extension requested  |  |
| 3(a) | Details of previous Extension if any1)DD/MM/YY to DD/MM/YY = Rs.2)DD/MM/YY to DD/MM/YY = Rs.3)and so on1. Total financial implication till date (1+2+3 above) in Rs
2. Total Financial implication Till date in % = over all previous expenditures on account of extensions/total value of work awarded.
3. Over agreement value
4. Over estimated value
 |  |
| (b) | Reason for extension |  |
| (c) | SAP Estimate No. |  |
| (d) | Status of Fresh Tender and reason for delay, if any. |  |
| (e) | Whether, the Vigilance Guidelines adhered |  |
| 4 | EMD paid on original Award. If yes Document Number on transfer to SD. |  |
| 5 | Details of Performance Guarantee Amount with Validity date |  |
| 6 | SD Recovery made in each running account bill and total amount recovered as on date with percentage & Type Code & Vendor Code |  |
| 7 | Is provision is there for extension in the original work order if yes period of extension available & Clause No. |  |
|  |  |  |
| 7(a) | Whether, in principal approval was obtained for extension |  YES/NO |
| (b) | If yes, Acceptance letter from the Contractor has been obtained and enclosed |  YES/NODate of Letter |
| 8(a) | If Budget Provision availableType Code | 1. Sanctioned Amount =\_\_\_\_\_\_\_\_
2. Already incurred
3. Available Balance:
4. Now Proposed
 |
| (b) | If Balance is not available as per point 81. Proposal for re-appropriation
 | 1. Budget provision for this Code : Rs.\_\_\_\_\_\_\_\_\_\_
2. Expr. Incurred upto date:
3. Available balance
4. Budget code
5. Cost Center
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|  |  |  |

 D.A DY.HOD HOD

**FINANCE DEPARTMENT**

|  |  |  |
| --- | --- | --- |
| 1 | Has the Finance Department checked the correctness of the information furnished at Sl.No.1(a) to 8(b) above with reference to documentary evidence | YES/NO |
| 2 | Whether Project Code:Budget Sl. No. | Revenue/Plan/Non Plan……………………………… |
| 3 | Expenditure on proposed extension & % increase |  |
| 4 | SAP Estimate No: |  |
| 5 | Remarks /Observations / Recommendations |  |
| 6 | Competent Authority to accord approval for Extension for this work | 1. Sl.No.\_\_\_ of Delegation of Powers
2. HOD/Dy.CPT/CPT/ Board
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|  |  |  |

Approval of Extension of contract is requested to award the work of ……………………………………………………………………………………. Capital Plan Schemes / Capital Non-Plan Schemes / Revenue works to …………………………………………………………. at a total cost of Rs………………. as per Sl.No……………….. of DOP dt:11.02.2015.

**A.O.Gr.II/GrI/SR.AO DY.CAO/SR.DYCAO FA&CAO**