CHANGE ORDER

Order # _____

Date: _____

[Company Name]

[Address]
[Phone]
[License Number]

TO (CLIENT):

[Client Name]
[Billing Address]
[Phone]

PROJECT INFORMATION:

Project Name: _____
Location: _____
Original Contract #: _____

Description of Change:

_____
_____

Description of Work / Materials	Labor	Materials	Total

Description of Work / Materials	Labor	Materials	Total

Original Contract Amount: $ _____
Previous Change Orders: $ _____
Current Change Order: $ _____

Revised Contract Total: $ _____

Contract Time Impact: The contract completion date will be [ ] Unchanged [ ] Increased by ____ days.

All work shall be performed under the same terms and conditions as specified in the original contract unless otherwise stipulated above.

Contractor Signature / Date

Client Signature / Date