BUSINESS NAME

CHANGE ORDER

PHONE

EMAIL

LICENSE #

INSURANCE

CHANGE ORDER # CO-

DATE

ORIGINAL ESTIMATE #

ORIGINAL CONTRACT DATE

CUSTOMER NAME

PROJECT NAME

JOB ADDRESS

DESCRIPTION OF CHANGE

REASON FOR CHANGE

[ ] Customer request [ ] Hidden or unforeseen condition [ ] Code or inspection requirement [ ] Material substitution or availability

[ ] Design change [ ] Other:

ITEMS

ADD OR REMOVE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT

Removed work is entered as a negative amount.

Original contract amount	
Previous approved change orders	
This change order (+ or -)	
New contract total	

Payment of this change: [ ] added to the next scheduled payment [ ] due on completion of the change [ ] due on signing [ ] credited to the final balance

Schedule impact: [ ] No change [ ] Adds _____ working days. New estimated completion date:

All other terms of the original contract remain in effect.

Work described here begins after both parties sign.

This change order becomes part of the original contract.

CONTRACTOR SIGNATURE / PRINTED NAME / DATE

CUSTOMER SIGNATURE / PRINTED NAME / DATE