[Your company name]

Address | Phone | Email | License #

CHANGE ORDER

Change Order #: **Date:**

Original contract #: **Project:**

Customer: **Job site:**

ITEMIZED CHANGES

One line per change, each with its own price. Attach a second sheet if the job needs more lines.

#	DESCRIPTION OF THE CHANGE	PRICE CHANGE
1		$
2		$
3		$
4		$

REASON FOR CHANGE

☐ Customer request ☐ Unforeseen condition ☐ Code requirement ☐ Design change

Photos attached: ☐ Yes

TOTAL AND SCHEDULE IMPACT

CHANGE ORDER TOTAL $

Original contract $

New contract total $

Schedule: ☐ No change ☐ New completion date

Payment: ☐ With next invoice ☐ On completion ☐ Deposit now $

AUTHORIZATION

Both parties agree to the changes above. Work on this change does not begin until it is signed.

Customer signature

Print name Date

Contractor signature

Print name Date

NOTES