

CHANGE ORDER # _____

DATE	JOB NAME AND/OR LOCATION DESCRIPTION		
CONTACT PERSON	PHONE NUMBER	FAX NUMBER	EMAIL ADDRESS

We propose the following changes in the scope of work:

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We propose the above changes in the scope of work for the added sum of \$ _____ dollars. The new contract amount is: _____ dollars. \$ _____

Payment as follows: _____

Authorized Signature _____ **Note:** this proposed change order may be withdrawn by us if not accepted within _____ days.

ACCEPTANCE OF CHANGE ORDER The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

Signature _____
 Signature _____
 Date of Acceptance _____