

CHANGE ORDER

This form complies with professional standards currently in effect

ABCForms, Inc.

License B 0000001
65 Pine Avenue Suite 310
Long Beach, CA 90802

CONTRACT
DATE:

THIS DATE:

Insert your logo here

PHONE (800) 555-5151 CELL (800) 555-5151

TO:	NAME			
	PROJECT ADDRESS		STATE/ZIP	PHONE
	ALTERNATE ADDRESS (IF ANY)		STATE/ZIP	PHONE

ADDITIONAL CHARGE FOR CHANGE(S) BY _____ vs: _____
Add ___ calendar days to contract completion date.

DESCRIBE CHANGE(S)

Change Order No. _____
Date Of Existing Contract _____
Project: _____
Location: _____
Job No. _____
Above change(s) to be performed under same terms as in original contract unless otherwise stipulated.

CONTRACTOR SIGNATURE _____ PROJECT SIGNATURE _____ DATE _____

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TO:	NAME		
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	ALTERNATE ADDRESS (IF ANY)	STATE/ZIP	PHONE

OWNER
 ARCHITECT
 FIELD
 OTHER

DESCRIPTION OF CHANGE(S)

Sample

It is mutually agreed that the contract price is: in full upon completion of the work called for in this Change Order. As a result of this Change Order, the time for completion is extended by an additional _____ day(s).

payable deductible immediately (available as a payment option on some Change Orders) and the contract is hereby extended.

This Change Order is incorporated into the original contract and is incorporated therein.

CONTRACTOR SIGNATURE

OWNER SIGNATURE

DATE