

CHANGE ORDER

Date:	
Project Address:	
Description of change of work:	
Total Estimated Cost of Change: \$	
We the undersigned, as principal or agent for, or as	owner, or as General Contractor, hereby
authorize the Contractor / Subcontractor,	,
to perform the above described work and () days from the comp	agree to make full payment within letion of the requested change item(s). This
agreement does not supersede or cancel any other ap	
Work Authorized By (print):	
Signature:	
Title:	
Phone:	
Work Accepted By (print):	
Signature:	
Title:	
Phone:	