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CHANGE ORDER

001001

YOUR COMPANY NAME
Address
CITY, STATE, ZIP CODE
Phone Number
Advertising Line

TO:		PHONE	DATE
		JOB NAME/NUMBER	
		JOB LOCATION	
EXISTING CONTRACT NUMBER	EXISTING CONTRACT DATE	TIME EXTENSION	JOB PHONE

We hereby agree to make the change(s) specified below:	AMOUNT +/-

NOTE: This Change Order becomes part of and in conformance with the existing contract.

WE AGREE hereby to make the change(s) specified above at this total price:		$
DATE	PREVIOUS CONTRACT AMOUNT	$
AUTHORIZED SIGNATURE (CONTRACTOR)	REVISED CONTRACT TOTAL	$

ACCEPTED – The above prices and specifications of the Change Order are satisfactory and are hereby accepted. All work is to be performed under the same terms and conditions as specified in the original contract unless otherwise specified.

DATE OF ACCEPTANCE

SIGNATURE (OWNER)

CO-696-3
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