COCC-583-3
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CHANGE ORDER

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

Change Order No. 001001

TO	DATE
ADDRESS	PHONE
	JOB NUMBER
JOB NAME AND LOCATION	EXISTING CONTRACT NO.
	DATE OF EXISTING CONTRACT

Note: This revision becomes part of, and in conformance with, the existing contract.

WE AGREE hereby to make changes as specified above, at this price ➧		$	
Date _____	**PREVIOUS CONTRACT AMOUNT**	$	
_____ (Authorized Signature)	**REVISED CONTRACT TOTAL**	$	

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

Date _____ Signature _____