AUTHORIZATION for ADDITIONAL WORK

CHANGE ORDER NO.:

DATE	PHONE NO.
JOB NAME / LOCATION	
JOB NO.	JOB PHONE NO.
EXISTING CONTRACT NO.	DATE OF EXISTING CONTRACT

TO

- _____
- _____
- _____
- _____

DESCRIPTION OF ADDITIONAL WORK TO BE PERFORMED

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

ADDITIONAL WORK $ _____

Payment will be made as follows:

Above additional work to be performed under same conditions as specified in original contract unless otherwise stipulated.

Authorized Signature of Owner _____ Date _____

We hereby agree to provide labour and materials, complete in accordance with the above specifications, at above stated cost.

Authorized Signature of Contractor _____ Date _____

Proof Proof Pr