

SAMPLE

Sample document for member education. Complete all blanks and have the final document reviewed before use.

Change Order Form

PROJECT INFORMATION

Change Order No.: Date:

Client:

Project address:

Provider:

Original agreement date: Agreement No.:

Project name / description:

DESCRIPTION OF CHANGE

Describe the added, removed, or modified work in detail, including materials and specifications:

Reason for the change:

PRICE ADJUSTMENT

Item	Amount
Original contract price	\$
Net amount of previously approved change	\$

orders

This change order — increase / (decrease) \$

New contract price \$

Payment for this change is due: .

SCHEDULE IMPACT

Additional days required: Revised completion date:

If no schedule impact, write “None.” Any delay to the revised completion date will be documented in a further written notice.

TERMS

All terms and conditions of the original agreement remain in full force and apply to the work described in this change order. The changed work will not begin until this form is signed by both the Client and the Provider. Signing below confirms the Client’s approval of the change, the price adjustment, and the schedule impact stated above.

APPROVAL SIGNATURES

Client signature — approved Date

Printed name

Provider signature Date

Printed name and title

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your state review any contract before use.