CHANGE ORDER

Your Company Name Here

1234 Main St.

Your Town, State and ZiP

To	
Attn	
Address	
City, State, Zip	
Phone	Date

Job Name/Number	Job Phone
Job Location	
Existing Contract Number	
Existing Contract Date	
Time Extension	

We hereby agree to make the following change(s):		***Amount +/-***	
	TOTAL PRICE FOR CHANGES		
	REVISED CONTRACT TOTAL		
	REVISED CONTRACT TOTAL		

SAMPLE

THIS CHANGE ORDER BECOMES PART OF AND IN CONFORMANCE WITH THE EXISTING CONTRACT.

We hereby agree to make the change(s) specified above at the price indicated per this Change Order.

Authorized Contractor Signature

Date of Acceptance

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

Owner Signature

Date of Acceptance

REEVES BUSINESS FORMS — P.O. BOX 3569, SUNRIVER, OR 97707 **800-360-0321**