Change order

Change order no.

JOB

Contractor (business name) | License no. | Contractor phone and email

Customer | Job address | Date of original contract

DESCRIPTION OF THE CHANGE

What will be added, removed or changed, including materials

PRICE

Original contract price

$

Signed change orders before this one (+ or −)

$

This change order (+ or −)

$

New contract total

$

TIME AND PAYMENTS

Days added or removed (+ or −)

New completion date

Effect on the payment schedule

Work on this change starts after both sides sign and date this form. Each side keeps a copy.

Customer signature

Date

Customer printed name

Contractor signature

Date

Contractor printed name

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