## **Change Order Form**

Project Name:		_
Project Number:		_
Original Contract Date:		
Change Order Number:		_
Date Issued:		
Requested By:		_
Description of Change:		
Estimated Cost Impact:		
Revised Contract Total:		
Schedule Impact (Days):		
Revised Completion Date:		
Standard Terms & Conditions:		
1. This Change Order becomes part of and	is subject to all conditions of the origina	contract.
2. All changes in cost and time are subject	to mutual agreement and approval prior	to commencement.
3. The contractor shall not proceed with any	y changes until written approval is receiv	ed from the client.
4. Any additional work performed without a	n approved Change Order is at the contr	actor's risk.
5. Payment for this Change Order shall be	in accordance with the payment terms of	the original contract.
6. All changes shall comply with applicable	laws, regulations, and site safety policie	S.
7. The scope of this Change Order is limited	d to the description provided above; all c	ther contract terms remain in effect.
8. Delays caused by the change will be add	dressed through adjustments in the proje	ct schedule as mutually agreed.
9. If materials or equipment are ordered	for the change, client is responsible	for all related costs, including restocking fees if
cancelled.		
10. This Change Order is binding upon exe	cution by authorized representatives of b	ooth parties.
Approved By (Client):	Date:	
Approved By (Contractor):	Date:	