YOUR BUSINESS NAME, ADDRESS, PHONE

CHANGE ORDER

CO NO.	DATE	ORIGINAL JOB NO.

CUSTOMER

CUSTOMER NAME

PHONE

JOB ADDRESS

EMAIL

CHANGE REQUESTED AND REASON

SCHEDULE CHANGE (DAYS, + OR -)

NEW COMPLETION DATE

Description	Qty	Rate	Amount

NOTES / PAYMENT INSTRUCTIONS

Original contract	
Previous changes	
This change (+/-)	
New contract total	

TERMS

By signing, the customer approves this change to the price, scope, and schedule of the original agreement. Everything else in that agreement stays the same.

ACCEPTED BY (PRINT NAME)

DATE

SIGNATURE

CONTRACTOR SIGNATURE