CHANGE ORDER FORM

CHANGE ORDER # _____

PROJECT INFORMATION

Project Name: _____ Project #: _____

Project Address: _____

Owner: _____ Owner Contact: _____

General Contractor: _____ GC Contact: _____

Architect/Engineer: _____ A/E Contact: _____

Original Contract Date: _____ Original Contract Amount: $ _____

CHANGE ORDER DETAILS

Change Order Date: _____ Initiated By: ☐ Owner ☐ Contractor ☐ Architect ☐ Other

Reason for Change:

☐ Owner Request ☐ Design Change ☐ Field Condition ☐ Code Requirement ☐ Value Engineering

☐ Unforeseen Condition ☐ Error/Omission ☐ Regulatory Requirement ☐ Other: _____

Related Documents: ☐ RFI #: _____ ☐ Sketch #: _____ ☐ ASI #: _____ ☐ Other

DESCRIPTION OF CHANGE

Provide detailed description of the proposed change, including scope, location, and specifications:

JUSTIFICATION / REASON FOR CHANGE

Explain why this change is necessary and the impact if not implemented:

CHANGE ORDER FORM

CHANGE ORDER # _____

COST SUMMARY

This Change Order will result in: ☐ Addition to Contract ☐ Deduction from Contract ☐ No Cost Change

Cost Item	Amount	Subtotal
Labor	$	$
Materials	$	$
Equipment	$	$
Subcontractor Work	$	$
Other Direct Costs	$	$
SUBTOTAL (Direct Costs)		**$**
Overhead & Profit (%)		$
Bond Premium (if applicable)		$
TOTAL CHANGE ORDER AMOUNT		**$**

CONTRACT SUMMARY

Original Contract Amount: $ _____ Previous Change Orders: $ _____

This Change Order: $ _____ **NEW CONTRACT TOTAL:** $ _____

SCHEDULE IMPACT

This Change Order will result in: ☐ No Schedule Change ☐ Extension of Time ☐ Reduction of Time

Number of Days Added/Deducted: _____ New Completion Date: _____

Schedule Impact Justification:

APPROVALS & SIGNATURES

By signing below, the parties agree to the changes described in this Change Order and authorize the work to proceed.

CONTRACTOR

Company: _____

Signature: _____

Print Name: _____ Date: _____

OWNER / OWNER'S REPRESENTATIVE

Company: _____

Signature: _____

Print Name: _____ Date: _____

ARCHITECT / ENGINEER (If Required)

Company: _____ Signature: _____

Print Name: _____ Date: _____ Recommendation: ☐ Approve ☐ Reject