

SWIM-SPA-POOL EXTRA WORK ORDER

This form complies with professional standards currently in effect

ABCAForms, Inc.

License B 0000001
65 Pine Avenue Suite 310
Long Beach, CA 90802

RE: AGREEMENT
ENTERED INTO
DATED:

Insert your logo here

PHONE (800) 555-5151 CELL (800) 555-5151

TO:	NAME			
	PROJECT ADDRESS		STATE/ZIP	PHONE
	ALTERNATE ADDRESS (IF ANY)		STATE/ZIP	PHONE

This EXTRA WORK ORDER includes the following:

- ☐ The work below to be paid for at actual cost of labor and materials plus _____ percent (_____ %)
- ☐ The work below to be completed for the sum of _____ dollars (\$ _____)

DESCRIPTION

The work covered by this order shall be performed in accordance with the specifications unless stated otherwise above.

EXTRA WORK

Conditions as that included in the original contract

Extra Work No. _____

Date: _____

Project: _____

Location: _____

Job No. _____

Extra Work Approved _____

CONTRACTOR SIGNATURE

OWNER SIGNATURE

DATE