## **CHANGE ORDER**

## Your Company Name Here 1234 Main St.

## Your Town, State and ZiP

To To			Job Name/Number	Job Phone		
Attn			Job Location			
Address			Existing Contract Number			
City, State, Zip			Existing Contract Date			
Phone Date		Time Extension				
			2.1.0.1001			
We hereby agree to make the following	g change(s):			Amour	nt +/-	
	SAM					
	4/1					
	1///	<u>5.</u>				
	•	7	<b>A</b>			
			<b>~</b>			
			•			
			TOTAL PRICE FOR CHANG	ES		
			REVISED CONTRACT TOTAL	AL		
			REVISED CONTRACT TOT	AL		
THIS CHANGE ORDER BECOM						
We hereby agree to make the change(s) sp price indicated per this Change Order.	pecified above at the	tor the	e prices and specifications of this y and are hereby accepted. All wo e established terms and condition ntract unless otherwise specified	ork is to be perform ons specified in the	ned under	
Authorized Contractor Signa	uture	Owner Signature				
Date of Acceptance			Date of Acceptance			
Form 28 REEVES BUS	INESS FORMS — PO RO	7X 3569	SUNRIVER, OR 97707 800-360-032	21		