Place logo here

Full name

SERVICE PROVIDER

Change Order Form

CUSTOMER

TOTAL FLAT RATE PRICE \$

DATE: 11/4/2019 ESTIMATE: \$ -

Street address City, State, Zip Phone: Fax: email address							
	DESCRIPTION			Quantity	Price	TO	TAL
	Labor:						
						\$	
						\$	_
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
	Materials:						
						\$	-
						\$	-
						\$	-
						\$	-
	A deposit of \$	is due upon execution.					
				S	SUBTOTAL	\$	-
	Accepted:						
			SHIF	PPING AND I	HANDLING	\$	-

This is a change order estimate and is for completing the job described above. It is based on information provided by you and our evaluation. It does not include unforeseen price increases or additional labor and materials which may be required should problems arise or the scope of work change.

I/We do hereby agree to the change(s) and prices for the work as specified herein.

All work specified and initiated by this change order are to be performed according to the provisions as set forth in the original Work Estimate unless otherwise noted.