ORDER FOR EXTRA WORK

Your Company Name Here

1234 Main St.

Your Town, State and ZiP

OWNERS NAME		
STREET		
CITY/STATE/ZIP		
PHONE	ORIGINAL CONTRACT NO.	DATE OF CONTRACT

JOB NAME	JOB NO.
STREET	
CITY/STATE/ZIP	
JOB PHONE	DATE

You are hereby Authorized and Instructed to do the following described extra work:

CHARGE FOR EXTRA WORK IS: $ _____

Payment will be made as follows: _____

This change will result in a delay in completion of_____days.

Except as herein modified, the original contract is in full force and effect, and all of its terms and provisions are incorporated herein.

_____ _____

Owners Signature Date

We hereby agree to furnish additional labor and materials and to perform all of the above described work under the same conditions as specified in the original contract.

_____ _____

Contractors Signature Date

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