

Contract Scope Adjustment Change Order

Project Information

Project Name	
Contract Number	
Change Order Number	
Date	

Contractor Information

Contractor Name	
Contact Person	
Email / Phone	

Description of Change

Briefly describe the requested scope adjustment or modification:

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Reason for Change

State reason(s) for the contract adjustment:

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Adjustment Summary

Description	Current Value	Change (+/-)	New Value
Contract Amount			
Time/Completion Date			

Approval

The undersigned agree to the above scope adjustment and contract changes.

Authorized Owner Signature:

Date: _____

Authorized Contractor Signature:

Date: _____