*[Designer’s Letterhead]*

*[Remove all language in italics before using this form.]*

**WORK CHANGE ORDER FORM**

# CLIENT

**PHASE**

Change Order Number Project

Date

Work Change Requested By Job Number

Concept Development Design Development

Production

Project Implementation

Other

# WORK CHANGE DESCRIPTION COST CHANGE SCHEDULE CHANGE

This is not an invoice. Revised specifications on work in progress represents information that is either different from that which the original project budget and schedule were based upon, or follows after client’s approval to the stage of work in which this

(these) item(s) appear(s). Changes in time and cost quoted here may be approximate, unless otherwise noted. Your signature below will constitute authorization to proceed with the change(s) and your agreement to pay additional charges noted above. Kindly return a signed and dated copy of this form to: . The information

contained in this work change order is assumed to be correct and acceptable to client unless designer is otherwise notified in writing

\_\_\_\_\_\_\_ days of the date of this document.

**Authorized Signature Print Name**

**Date**

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