

WORK CHANGE ORDER FORM

[Designer's Letterhead]



Remove all language in italics before using this form.

CLIENT

Change Order Number _____

Project _____

Date _____

Work Change Requested By _____

Job Number _____

PHASE

Concept Development

Production

Other

Design Development

Project Implementation

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 _____