

Contractor Request for Change Order

Work Order #: _____ Date of Request: _____
Client's Name: _____ Address: _____
Measure #: _____ Original Cost of Measure: _____

Describe below the proposed changes in the scope of work:

Justification for change:

Additional Cost (+/-): \$ _____ New Measure Cost: \$ _____

Contractor Signature: _____

For CAC Use Only:

Is Proposed Change Order Supported by NEAT Audit? _____ (Attach new Recommended Measures)
Date of Site Visit: _____ Pictures Attached: _____
Is Proposed Change Order a Necessity(If yes, include a completed Change Order Form)? _ _____
Signature of Auditor: _____

Approved: _____ Director's Signature: _____