



Change Order Form

Date: _____	
Name of Contractor: _____	
Address: _____ _____	
Contact Name: _____	Phone Number: _____
Name of Project: _____	Location: _____

Description of Additional Work: _____

Cost: _____

Approved By:

Name: _____ Title: _____

Signature: _____ Date: _____

Note: Do not authorize any additional expenses unless approved by Rebuilding Together Tampa Bay's Project Coordinator or Executive Director. A copy of this signed form will be available at our office for your records.