

ADDITIONAL WORK AUTHORIZATION



The complete flooring source.
82 Modular Avenue, Commack, NY 11725
Phone: 631-993-3000 • Fax: 631-993-3060

| | | | |
|--------------------------|---------------------------|----|-------|
| OWNER'S NAME | JOB NAME | | |
| STREET | STREET | | |
| Bronx | STATE | NY | STATE |
| EXISTING CONTRACT NUMBER | DATE OF EXISTING CONTRACT | | |
| | | | |

You are authorized to perform the following specifically described additional work:

Sub \$200r 5th Floor
Prop

Apt # 5A: 2 bags
 # 5B: 2 bags
 # 5C: 2 bags
 # 5D: 1 bag
 # 5E: -
 # 5F: 1 bag
 # 5G: 2 bags
 # 5H: 1 bag
 # 5I: 1 bag
 # 5K: 1 bag
 # 5L: 1 bag
 # 5M: 1 bag
 # 5N: -
 # 5O: 1 bag

*9/19/18 Work done
used. (Signature)*

ADDITIONAL CHARGE FOR ABOVE WORK IS: \$ _____

Payment will be made as follows:

Above additional work to be performed under same conditions as specified in original contract unless otherwise stipulated

Date _____ Authorizing Signature _____

Authorized Signature *[Signature]*
(OWNER SIGNS HERE)

We hereby agree to furnish labor and materials - complete in accordance with the above specifications, at above state
Date *9/19/18*
(CONTRACTOR SIGNS HERE)

THIS IS CHANGE ORDER NO. _____

NOTE: This Revision becomes part of, and in conformance with, the existing contract.

9/21/2018

55922772435__7449CC4B-6762-4354-B6FC-70BF71A35E49.JPG