

ADDITIONAL WORK AUTHORIZATION



82 Modular Avenue, Commack, NY 11725
Phone: 631-993-3000 • Fax: 631-993-3060

OWNER'S NAME		PHONE	DATE
STREET		JOB NAME	JOB NUMBER
CITY	STATE	STREET	
EXISTING CONTRACT NUMBER		DATE OF EXISTING CONTRACT	CITY STATE

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

1 Guy Working on Repairs

- # 2J = Replace 7 boards
- # 2E = Replace 4 boards
- # 2D = Replace 6 boards
- # 4G = Replace 10 boards

TOTAL TIME: 8 hrs

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

OK LeyA Sh C Riso

(OWNER SIGNS HERE)

We hereby agree to furnish labor and materials - complete in accordance with the above specifications, at above stated price.

Authorized Signature _____

Date _____

(CONTRACTOR SIGNS HERE)

THIS IS CHANGE ORDER NO.

ADDITIONAL WORK AUTHORIZATION



82 Modular Avenue, Commack, NY 11725
Phone: 631-993-3000 • Fax: 631-993-3060

OWNER'S NAME	PHONE	DATE
STREET	JOB NAME	JOB NUMBER
CITY	STREET	
EXISTING CONTRACT NUMBER	DATE OF EXISTING CONTRACT	CITY STATE

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

- 1 Guy working on Repairs
5K = Replace 2 boards /
- # 5J = Replace 4 boards /
- # 5C = Replace 12 boards /

TOTAL TIME: 8 hrs

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 _____

(OWNER SIGNS HERE)

We hereby agree to furnish labor and materials - complete in accordance with the above specifications, at above stated price.

Authorized Signature _____ Date _____
(CONTRACTOR SIGNS HERE)

THIS IS CHANGE ORDER NO. _____

ADDITIONAL WORK AUTHORIZATION

82 Modular Avenue, Commack, NY 11725
Phone: 631-993-3000 • Fax: 631-993-3060

OWNER'S NAME	PHONE	DATE
STREET	JOB NAME	JOB NUMBER
CITY	STATE	STREET
EXISTING CONTRACT NUMBER	DATE OF EXISTING CONTRACT	CITY STATE

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

2 guys working on Repairs

# 5L =	Replace	8 boards	✓
# 5G =	Replace	4 boards	✓
# 2A =	Replace	14 boards	✓

Total Time: 16 hrs

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 OK *J.G. Sh* (OWNER SIGNS HERE)

We hereby agree to furnish labor and materials - complete in accordance with the above specifications, at above stated price.

Authorized Signature X (CONTRACTOR SIGNS HERE) Date _____

THIS IS CHANGE ORDER NO. _____

ADDITIONAL WORK AUTHORIZATION



82 Modular Avenue, Commack, NY 11725
Phone: 631-993-3000 • Fax: 631-993-3060

OWNER'S NAME	PHONE	DATE
960 Simpson ST		5/17/19
STREET	JOB NAME	JOB NUMBER
Bronx	STREET	
CITY	STATE	
EXISTING CONTRACT NUMBER	DATE OF EXISTING CONTRACT	CITY
		STATE

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

2 Guy working on Repairs
 ≠ Q D = Replace 6 boards ✓
 ≠ Q-B = Replace 22 boards ✓

Total time = 10 hrs

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 _____ *OK G.A.Gh* (OWNER SIGNS HERE)

We hereby agree to furnish labor and materials - complete in accordance with the above specifications, at above stated price.

Authorized Signature _____ Date _____ (CONTRACTOR SIGNS HERE)

THIS IS CHANGE ORDER NO. _____

ADDITIONAL WORK AUTHORIZATION



82 Modular Avenue, Commack, NY 11725
Phone: 631-993-3000 • Fax: 631-993-3060

OWNER'S NAME		PHONE	DATE
STREET <i>960 Simpson ST</i>		JOB NAME	JOB NUMBER
CITY <i>Bronx</i>	STATE <i>NY</i>	STREET	
EXISTING CONTRACT NUMBER	DATE OF EXISTING CONTRACT	CITY	STATE

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

2 Guys working on Repair / Touch ups

- #1B: Touch up
- #1C: Touch up
- #3B: Touch up
- #3D: Touch up
- #3H: Replace 40sf scratches in DR
- #3N: Touch up
- #4F: Touch up
- #5D: Touch up
- #5M: Touch up
- #6D: Touch up

*TOTAL = 16 hours
TIME:*

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 _____

(OWNER SIGNS HERE)

We hereby agree to furnish labor and materials - complete in accordance with the above specifications, at above stated price.

Authorized Signature _____ Date _____

(CONTRACTOR SIGNS HERE)

THIS IS CHANGE ORDER NO. _____