

ADDITIONAL WORK AUTHORIZATION



Bldg 13

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

OWNER'S NAME		PHONE		DATE 8/23/18	
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:

SUBFLOOR PREPARATION: 3
BLADES: 1

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 8/23/18 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



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OWNER'S NAME		PHONE		DATE 8/22/18	
STREET		JOB NAME See SO NO Howard		JOB NUMBER H51	
CITY	STATE	STREET			
EXISTING CONTRACT NUMBER		DATE OF EXISTING CONTRACT		CITY	STATE

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

SUB FLOOR Preparation: 4
BLADES: 2

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 8/23/18 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 8/23/18

(CONTRACTOR SIGNS HERE)

THIS IS CHANGE ORDER NO.

ADDITIONAL WORK AUTHORIZATION



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OWNER'S NAME		PHONE		DATE 8/23/18	
STREET		JOB NAME Seasons @ ELWOOD		JOB NUMBER #50	
CITY	STATE	STREET			
EXISTING CONTRACT NUMBER		DATE OF EXISTING CONTRACT		CITY	STATE

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


SUB FLOOR PREPARATION: 4

BLADES: 2

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 8/23/18 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



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OWNER'S NAME		PHONE	DATE 8/21/18
STREET		JOB NAME seasons PLWOOD	JOB NUMBER 449
CITY	STATE	STREET	
EXISTING CONTRACT NUMBER	DATE OF EXISTING CONTRACT	CITY	STATE

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

SUBFLOOR Preparation: 3 h
BLADES 1

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 8/23/18 Authorizing Signature [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.