

ADDITIONAL WORK AUTHORIZATION



The complete flooring source.

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

OWNER'S NAME	STREET	PHONE	DATE
960 Simpson St	960 Simpson St	9/25/18	JOB NUMBER
EXISTING CONTRACT NUMBER	STATE	CITY	STATE

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

prep sub floor = 3rd floor

Apt # 3A: 3 bags Patch

3B: 2 bags

3C: 1 bag

3D: - x -

3E: - x -

3F: 1 bag

3G: 2 bags

3H: - x -

3I: - x -

3K: 1 bag

3L: 1 bag

3M: 1 bag

3N: 1 bag

3O: 1 bag

VERIFIED BAGS USED.

Mawry

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)

Authorized Signature _____ (CONTRACTOR SIGNS HERE) Date _____

THIS IS CHANGE ORDER NO. _____

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

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

