

Company
Street Address
City, State, Zip
Telephone Number

Page __1__ of __1__

CHANGE ORDER NO.

PGM PROJECT NO.:

DATE

NAME OF PROJECT:

CONTRACTOR:

THE FOLLOWING CHANGE(S) ARE HEREBY MADE TO THE CONTRACT:

THIS CHANGE ORDER:
Approved CHANGE ORDERS: (List each Change Order)
Change Order #
Change Order #
Change Order #
Change Order #

ORIGINAL CONTRACT:
REVISED CONTRACT AMOUNT:
CONTRACT START DATE: _____
ORIGINAL COMPLETION DATE: _____
ADDED TIME DUE TO PREVIOUS CHANGE ORDERS: _____
ADDED TIME DUE TO THIS CHANGE ORDER: _____
NEW COMPLETION DATE: _____

EXECUTION OF THIS CHANGE ORDER SIGNIFIES FULL ACCEPTANCE AND SATISFACTION FOR ALL COST: DIRECT, INDIRECT AND IMPACT, IN CONSIDERATION OF INCREASE/DECREASE OF THE CONTRACT WAIVES ANY CLAIM FOR IMPACT OR DELAY COST RELATIVE TO WORK PERFORMED UNDER THIS MODIFICATION.

ACCEPTED BY:
(CONSULTANT/CONTRACTOR NAME)

APPROVED BY:
CHARLES COUNTY GOVERNMENT

CONTRACTOR

TITLE

DATE

DATE