
Cost Impact

Category	Increase	Decrease	No Change	Amount (\$)
Labor				
Materials				
Equipment				
Subcontractors				
Other (Specify): _____				

Total Change Amount: \$ _____

Schedule Impact

Does this change affect the project completion date?

No Yes — Number of days added: _____ Number of days reduced: _____

Revised Completion Date (if applicable): _____

Approval & Authorization

Prepared By	Client Approval
Name:	Name:
Title:	Title:
Company:	Company:
Signature:	Signature:
Date:	Date:

General Contractor Approval
Name:
Title:
Signature:
Date: