



# CHANGE ORDER FORM

**Project Name:** \_\_\_\_\_ **Project Number:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Contractor Information:**

Company Name: Suncoast Contracting Group, LLC  
Contact Person: Project Management  
Phone Number: (407) 454-7676  
Email: Projects@SuncoastContracting.net

**Subcontractor Information:**

Subcontractor Name: \_\_\_\_\_  
Subcontractor Address: \_\_\_\_\_  
Subcontractor Phone: \_\_\_\_\_  
Subcontractor Email: \_\_\_\_\_

**Original Contract Details:**

Contract Date: \_\_\_\_\_  
Original Contract Amount: \$ \_\_\_\_\_

**Change Order Details:**

Description of Change:

---

---

---

---

---

Reason for Change:

---

---

---

---

**Cost Impact:**

Original Contract Amount: \$ \_\_\_\_\_  
Cost of Change Order: \$ \_\_\_\_\_  
Revised Contract Amount: \$ \_\_\_\_\_

**Time Impact:**

Original Completion Date: \_\_\_\_\_  
Added/Reduced Time: \_\_\_\_\_ days  
New Completion Date: \_\_\_\_\_

**Approval Signatures:**

Contractor Representative: \_\_\_\_\_ Date: \_\_\_\_\_  
Subcontractor Representative: \_\_\_\_\_ Date: \_\_\_\_\_

**Additional Notes:**

- Change orders will be paid as a separate check after work is completed.
- Deposits for change orders are not guaranteed and will be allowed only when necessary.