



JOB NO _____ EXTRA WORK ORDER NO. _____

EXTRA WORK ORDER

JOB NAME _____ DATE _____

JOB ADDRESS _____

OWNER OR OCCUPANT _____

AUTHORIZATION AND BILLING INFORMATION

EXTRA WORK Authorized By _____ Title _____

BILL TO _____ WHEN _____

ADDRESS _____ BILLING BASIS _____

EXTRA WORK REQUIRED FOR _____

DESCRIPTION OF EXTRA WORK

IMPORTANT: Provide No Extra Work Without Written Authorization.

GENERAL EXTRA WORK INFORMATION

Work To Begin _____ Work To Be Completed By _____

Duplicate Time Cards Required Yes ☐ No ☐ Duplicate Material Requisitions and Invoice Required Yes ☐ No ☐

If Duplicates are required, they are to be signed by awarder's representative Yes ☐ No ☐

Extra Work Completed: Date _____ By _____

Extra Work Accepted: Date _____ By _____

All materials charged to Extra Work: Date _____ By _____

All materials credited to basic job: Date _____ By _____

All Time Cards or Time Record Sheets For Extra Work Turned In: Date _____ By _____

Remarks _____

EXTRA WORK ORDER Presented By _____ Approved By _____