



JOB NO _____ WORK ORDER NO. _____

EXTRA WORK ORDER (Short Form)

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.

EXTRA WORK ORDER Presented By _____ Approved By _____