

SCOPE OF WORK CHANGE ORDER FORM

Client name: _____ Contractor: _____ Client ID# _____

	Work Order Name	Meas.#	Measure Type	Type of Change	Orig. Cost	Final Cost	Orig. SIR	Final SIR
1			ECM IRM HSM GHW/Other	Add Delete Change In Cost				
<u>Reason:</u>								

	Work Order Name	Meas.#	Measure Type	Type of Change	Orig. Cost	Final Cost	Orig. SIR	Final SIR
2			ECM IRM HSM GHW/Other	Add Delete Change In Cost				
<u>Reason:</u>								

	Work Order Name	Meas.#	Measure Type	Type of Change	Orig. Cost	Final Cost	Orig. SIR	Final SIR
3			ECM IRM HSM GHW/Other	Add Delete Change In Cost				
<u>Reason:</u>								

	Work Order Name	Meas.#	Measure Type	Type of Change	Orig. Cost	Final Cost	Orig. SIR	Final SIR
4			ECM IRM HSM GHW/Other	Add Delete Change In Cost				
<u>Reason:</u>								

	Work Order Name	Meas.#	Measure Type	Type of Change	Orig. Cost	Final Cost	Orig. SIR	Final SIR
5			ECM IRM HSM GHW/Other	Add Delete Change In Cost				
<u>Reason:</u>								

	Work Order Name	Meas.#	Measure Type	Type of Change	Orig. Cost	Final Cost	Orig. SIR	Final SIR
6			ECM IRM HSM GHW/Other	Add Delete Change In Cost				
<u>Reason:</u>								

Sent on:	Completed by:

Original Job SIR	Final Job SIR

 Client Signature (required only when measures are added or deleted)

 Date

 Contractor Signature (required)

 Date

 Service Provider Representative Signature (required)

 Date