

COUNTY OF SALEM

CHANGE ORDER FORM

Change Order Number: _____

Project or Contract: _____

Name and Address of Contractor: _____

Need or Purpose of this Change Order: _____

Date of Original Contract: _____ P.O. Number _____

Amount of Original Contract: \$_____ (a)

Amount of any Previous Change Orders: \$_____ (b)

Amount of this Change Order: \$_____ (c)

New Total Contract Amount (a+b+c) \$_____

Certificate of Availability of Funds Ordered on this Date: _____

Change Order Requested By: _____ Date: _____
(Department Head Signature)

Change Order Accepted By: _____ Date: _____
(Vendor Signature)

Date of Resolution Authorizing this Change Order: _____

Attest: _____ By: _____
Kevin Crouch, Clerk Julie Acton, Director

**THIS CHANGE ORDER SHALL NOT BE OFFICIAL NOR AUTHORIZED UNTIL ACCEPTED
BY RESOLUTION OF THE SALEM COUNTY BOARD OF CHOSEN FREEHOLDERS**