

SERVICE CHANGE ORDER

Date: _____

Project Name: _____ Project Number: _____

Bill To: _____ Inspector: _____

Address: _____ Phone: _____

_____ Fax: _____
City State Zip Code

Approving party assumes full responsibility of any payments for charges incurred as noted, including the preparation of reports and any associated engineering cost.

Additional tests and inspection requested are in excess of the scope of work or not originally contemplated in current contract.

The following work below will effect our contract as indicated below:

SERVICE	LOCATION	EST. HRS/TEST

Approved By: _____
SIGNATURE PRINT NAME

Title: _____ Date: _____

Company: _____

This estimate is based on a verbal conversation between _____ and QCL's representative _____ and may require modification based on actual performance.