

Project Change Order



PROJECT

PROJECT
NUMBER

To be filled in by client

Requested by

Phone#

Date

Description of Change:

To be filled in by Project Lead/Project Administrator/Consultant

Impact Schedule <input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Major Cost <input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Major Technical <input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Major	Estimated Costs Direct labor costs to effect requested change: _____ hours @ \$_____/hr. Total: \$ _____ Indirect labor costs to effect requested change: _____ hours @ \$_____/hr. Total: \$ _____ Other Costs: \$ _____ Impact on current milestone: _____ Hours Impact on project schedule: _____ Days
Itemized Additional Costs and Estimated change in technical approach:	
CHANGE ORDER NUMBER	PROJECT NUMBER
<input type="checkbox"/> Approved by Inteliant Project Manager	Signature & Date
Cost Impact \$	

Client Approval

Name/Title

Signature

Date

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- Authority to proceed is granted
- Change Request is cancelled