Russell Tisdale Construction, LLC CHANGE ORDER FORM #____

General Inf	ormation								
Project Name								Date MM/DD/YY	
Contractor	r								
RUSSELL CONSTRUC	TISDALE CTION, LLC								
Contact			Phone		Email			Fax	
RUSSELL TISDALE			210-542-1333		rtisdale@tisdaleconstruction.com				
Affected Ar	eas								
Check all t	that apply.								
Project Start Date Project			t End Date	☐ Contract Amount			☐ Proj	☐ Project Costs	
□ Project Scope □ Techno		logy	☐ Major Deliverables/ Outcomes			□ Role	☐ Roles/Responsibilities		
Change Sun	nmary								
Currently Recorded Dates/Costs					Requested Revisions to Dates/Costs				
Start Date MM/DD/YY	End Date MM/DD/YY	Contract Amount	Project Cost		t Date I/DD/YY	End Date MM/DD/YY	Contract Amount	Project Cost	
Justification	Summary	/ Proposed (Change(s)			ı			
(Attach and refer	ence additional	sheets, if necessary	7)						
Requested by:				Approved By:					
Name:					Name:				
Title:					Title:				