

Change Directive Form

Project Alterations

Project Name

Project Number

Owner

Contractor

Date Issued

Directive Number

Related Change Order (if any)

Description of Directive / Alteration

Reason for Change

Location (if applicable)

Estimated Cost Impact e.g. \$2,000 or N/A

Estimated Schedule Impact e.g. 2 days or N/A

Specific Instructions

Authorized By

Signature Name

Received By

Signature Name