



**Herzer
Financial**
BY SOCOTRACAPITAL

CHANGE ORDER REQUEST FORM

Project Information

Loan Number: _____

Date of Request: _____

Property Address: _____

Borrower Name: _____

Contractor Name: _____

Original Budget Line Item (if applicable)

Description: _____

Original Amount: \$ _____

Proposed Change Description

Reason for Change

☐ Owner-initiated

☐ Field Condition

☐ Design Modification

☐ Code Compliance

☐ Other: _____



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Financial Impact

Budget Line Item Affected: _____

Increase: \$_____ Decrease: \$_____

Offsetting Budget Line Item Affected: _____

Increase: \$_____ Decrease: \$_____

Net Change to Contract Amount: \$_____

Revised Total Contract Amount (if approved): \$_____

Schedule Impact (if any)

Original Completion Date: _____

Revised Completion Date (if applicable): _____

Contractor Certification

I hereby certify that the above change order request is accurate and complete and reflects all associated cost and schedule impacts.

Contractor Signature: _____ Date: _____

Print Name: _____ Title: _____

Borrower Certification

I acknowledge and approve the above change order and understand the impact on the project budget and timeline.

Borrower Signature: _____ Date: _____

Print Name: _____ Title (if applicable): _____

Lender Use Only

☐ Approved ☐ Denied

Remarks/Conditions: _____

Authorized Lender Representative: _____ Date: _____

Print Name: _____ Title: _____