

Consultant Signature

SERVING TEXAS, COLORADO & THE MIDWEST SINCE 1996

EXCEL CONSTRUCTION GROUP

Revision Date: 01/23

ROOFING & CONSTRUCTION

CHANGE ORDER - (844) 601-ROOF (7663)

	Contract Number :		
Homeowner:	Phone #:		Date:
Address :	Claim No.		
City, State, Zip :	☐ Insurance ☐ Cash Bid	☐ Met	al 3 Tab Laminated 0ther
Mortgage Company :	Shingle Make :		Color:
Work Doing :			
Excluded from Excel's Scope of Work :			
Special Instructions : ***ALL INSURANCE	E PROCEEDS ***		
Drip Edge Color :			
Ventilation System Check Schedule of Payments	ynthetic Felt lce & Water Barrier	□ &	t Vents Limited Workmanship Warranty
<u>Schedule of Payments</u>	• * <u>ALL WO</u>	KK IS SUE	BJECT TO MANAGEMENT APPROVAL *
Materials Draw : Check #	Amou	int \$	Date Paid
	Amou	nt \$	Date Paid
Depreciation : Check #	Amou	nt \$	Date Paid
Supplements : Check #	Amou	nt \$	Date Paid
	Total Contract Amou	nt \$	* Plus any approved Supplements
* ALL CHECKS MUST BE MADE OUT TO By signing this, I agree that the abound not be considered. All changes must	ve conditions are satisfactory a	_	* WE DO NOT ACCEPT CASH * accepted. Verbal modifications will
Home Owner Signature			Date
Home Owner Signature			Date

Date

