



# Rockingham County Commissioners

# Change Order Request

*Attach original signed bid waiver and any subsequent change orders.  
Copy of signed form must accompany request for payment.*

Department

Line Item  Acct #  Project #   
Org #

Vendor  Amount

Vendor  Amount

Vendor  Amount

List Original Bid Waiver/ Award Approval Date and Amount.

List reason(s) for Change Order Request.

O/DD Signature  Date

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**Finance Review**

Financial Analysis By: \_\_\_\_\_ Date: \_\_\_\_\_

Information and signatures completed

Supporting documentation attached

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**BOC Approval**

Approved

Denied

Meeting Date: \_\_\_\_\_