



# 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  Date   
Signature

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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: \_\_\_\_\_

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Brian Chirichiello, Chair

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Steven Goddu, Vice Chair

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Kathryn Coyle, Clerk