EXTRA WORK CONFIRMATION

FROM: _____
(Contractor's Name)

_____
(Contractor's Address)

_____
(City, State and Zip)

_____
(Telephone)

TO: _____
(Name)

_____
(Address)

_____
(City, State and Zip)

This memorandum confirms the conversation of _____ between _____ and
(date)   (owner or his agent)

_____ wherein we were instructed to perform the following work on the above described project
(contractor or his agent)

which is not included in our basic contract and is an "extra": _____
(Describe Work Requested To Be Done)

_____

_____

PROJECT: _____
(Name)

_____
(Address)

_____
(City, State And Zip)

~~SAMPLE~~

IT IS UNDERSTOOD THAT THE METHOD OF COMPUTING PAYMENT WILL BE:
(INITIAL ONE ONLY)

_____ **LUMP SUM: $** _____
(Total amount to be added to the contract price for the cost of the extra work)

_____ **COST, PLUS PERCENTAGE:** In addition to all other amounts payable under the contract, we shall be paid the cost of

the extra work (as defined on reverse) plus _____ % overhead plus _____ % profit.
(Percent for overhead)   (Percent for profit)

_____ **COST, PLUS FIXED FEE:** The price to be paid us for the extra work will be the cost of the extra work (as defined on

reverse) plus a fixed fee of $ _____ .
(Amount of fixed fee)

_____ **IN ACCORDANCE WITH BASIC CONTRACT:** The price to be paid us for performing the extra work shall be determined
in accordance with the provisions of our basic contract.

IT IS UNDERSTOOD THAT THE TIME FOR PAYMENT WILL BE:
(INITIAL ONE ONLY)

_____ **PRIOR TO START OF EXTRA WORK:** Extra work to be done when payment actually received by contractor.

_____ **UPON COMPLETION OF EXTRA WORK:** Payment will be made in full when the extra work has been satisfactorily
completed.

_____ **PROGRESSIVELY:** Payments will be made as the work is done and will be made concurrently with payment dates under
the basic contract payment schedule.

_____ **IN ACCORDANCE WITH THE BASIC CONTRACT:** The time of payment for the extra work shall be as provided for in
the basic contract.

Please advise immediately if this memorandum fails, in any way, to confirm your understanding of the conversation.

DATE: _____
(Date Confirmation Signed)

FIRM NAME: _____
(Name of Contractor)

By _____
(Signature of Contractor or Authorized Agent)