



# 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  
Org #**

**Acct #**

**Project #**

**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:** \_\_\_\_\_

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Commissioner Coyle, Chair

Commissioner St. James, Vice Chair

Commissioner Tombarello, Clerk