

JOB #: _____

RPO #: _____

SUPPLIER(S): _____

DATE: _____

PRICES: ESTIMATED QUOTED

DESCRIPTION (AS MUCH DETAIL AS POSSIBLE)	PRICE	QTY.	UNIT PRICE	TOTAL
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INITIAL WORK SCOPE EXTRAS BILL TO CLIENT INTERNAL MISTAKE DEFICIENCY - PUNCH LIST (DO NOT CHARGE CLIENT) **TOTAL:** _____

NOT IN BUDGET \$ _____ OVER BUDGET \$ _____ ON BUDGET - LINE _____ H&S CONSEQUENCE (SECONDARY ANALYSIS REQUIRED)

NOTES (FOR OFFICE USE ONLY)

REQUESTED BY: _____

AUTHORIZED BY: _____

PROJECT MANAGER: _____

DATE REQUIRED: _____

DELIVERY LOCATION (PLEASE SELECT ONE):

- BESTOBELL PICK UP
- TORLAKE DELIVERY
- EAST MALL WHATEVER WORKS BEST
- OTHER