ALL WALL CONTRACTING, INC.

Metal Stud Framing-Drywall Hanging & Taping-Painting-Wallcoverings
Acoustical Tile Ceilings-Plastering (EIFS)-Specialty Coatings

723 South Lochsa Street
Post Falls, ID 83854
Phone: (208) 773-4650 Fax: (208) 773-4603

Date: _____

Job # _____

EWA# _____

EXTRA WORK AUTHORIZATION

Contractor Ref#/PO#:		**All Wall Project Leader**	
Customer Bill To:		**Is All Work on This Slips?**	
Address:		**If No, Transfer To EWA #:**	
Tenant/Job Name:		**Doc. Reference:**	
Job Address/Bldg:			

Description of Work:

Material:

Type of Material	Quant'y	Unit	Unit Price	Cost Code	Amount
				Total Material:	**$**

Project Leader's Hourly Recap by Day:

Date	Name	Trade	Hours	OT Hrs	$	Cost Code	Comments
	Total Hours Worked:						

Contractor/Customer:

The signature below signifies acceptance of the Extra Work item (s) listed above and hereby guarantees payment in full and will be considered part of the original contract. The signature also signifies the person signing this Extra Work Authorization has theauthority to sign for and on behalf of the Contractor/Customer. If the signed person does not in fact have authority, the signed person hereby personally guarantees payment of this Extra Work Authorization amount.

Print Name: _____

Signed: _____ Date: _____

Completion Date:	Prepared By:
Project Leader's Signature:	Title:

☐ **CUSTOMER** ☐ **PM** ☐ **Project Leader** **REVIEWED BY:** _____