

Building Construction Variation Form

Project Name: _____

Project Location: _____

Job No.: _____

Variation Order No.: _____

Date of Request: _____

CLIENT/CONTRACTOR DETAILS

Client Name: _____

Client Contact: _____

Contractor Name: _____

Contractor Contact: _____

VARIATION DETAILS

Description of Variation:

Reason for Variation:

Design Modification Client Request Site Conditions Other:

Impact on Project Schedule:

No Delay Minor Delay (1-2 Days) Major Delay (More than a Week)

COST IMPLICATIONS

Item	Original Cost (\$)	Variation Cost (\$)	Revised Cost (\$)
------	--------------------	---------------------	-------------------

Materials			
Labor			
Equipment			
Additional Expenses			
Total Cost Impact			

AUTHORIZATION

Requested By (Client/Contractor): _____

Signature: _____ **Date:** _____

Approved By (Project Manager): _____

Signature: _____ **Date:** _____