



REQUEST FORM FOR POSSIBLE CHANGE ORDER

Date of Request: _____

Firm and Representative Requesting Change: _____

Invoice Number and Sidemark: _____

Room and Item requiring change order: (IF YOU HAVE MULTIPLE CHANGES, PLEASE ATTACH A COPY OF THE INVOICE WITH YOUR NOTES MARKED BY EACH LINE ITEM THAT NEEDS CHANGES)

Describe what needs to be changed -be detailed please (fabric change, qty, style change, cording, etc):

Please note change orders are usually not able to be approved after a deposit has been placed on an order and it enters into production. There may be fees associated with my change order and LCT will notify me if so. There may also be delays with my order due to possible changes. Also please understand that if you do not get this request returned and approved in writing, items will be fabricated per the original contract and any further modifications will be performed at the expense of the design firm.

Signature of Representative requesting possible change order

BELOW IS FOR LCT USE ONLY

APPROVED? (*reason / date*) Y or N

ADDITIONAL COSTS ASSOCIATED (*explain*): Y or N

INVOICE AND FLOOR SHEET CHANGED TO REFLECT? Y N N/A

AUTHORIZED LCT PERSONEL, SIG, AND DATE: