VARIATION SUBMITTAL									
Company/Name						any/Name			
(er)				FROM (Payee)	Address				
Pay	Address								
TO (Payer)									
	Attention	1		Ë	Conta	ct			
Proje	ect			Trade				Our Ref	
Site Location				Varia Refe	ation Prence			Date Received	
Varia	ation Desc	ription						Document Reference	
Detailed description of work/explanation/reason for variation (unless stated in instruction) e.g. what was done, why the work is a variation, who instructed, how and when									ADD / DEDUCT (Delete one)
PRICE BREAKDOWN									
	Item		Description		Qty Unit -		Amount Rate Amount		
								Nate	Amount
N N									
DO	<u> </u>								
EAK									
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ON PRICE BREAKDOWN									
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To Reorder contact Forms Control Ltd, Ph. 09 570 2272, Email: orders@formscontrol.co.nz, Web: www.formscontrol.co.nz THIS VARIATION PRICE IS SUBJECT TO THE FOLLOWING CONDITIONS: SIGNED DATE APPROVAL REQUESTED BY (DATE): Reg. QS PAYER APPROVAL / ACCEPTANCE DATE VO REF APPROVED BY **SIGNED COMMENTS**





TOTAL VARIATION (GST exclusive)



Form Ref VS1.2 Rev Mar 2003