 Docket No:

 Date:

VARIATIONS WORKS / DAY LABOUR

|  |  |
| --- | --- |
| Client Details | Scaffold Supplier / Installer Details |
| Client Name:  | Company Name:  |
| Site Name:  | Address:  |
| Site Address:  | Contact Name:  |
| Contact Name:  | Phone:  |
| Phone:  | Email:  |
| Email:  | Website:  |
| Project Details |
| Type and purpose of scaffold: |
| Variation Quote No: |
| Client PO: |
| Person who requested scaffold: |
| Scaffold Works |
| Day Labour Works | Area | No of Workers | Hours |
| N/T | T ½ | D/T | Total |
|  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |
| Note: A minimum charge of 4 hours per man will apply when travel to site is required | Totals |  |  |  |  |
| Delivery Details |
| Extra transport chargeable? Yes [ ]  No [ ]   | Extra equipment / hire chargeable? Yes [ ]  No [ ]  |
| Client Acceptance |
| By signing this Variation to Contract the Client Representative confirms they are an authorised person to sign off on a paid variation and they give full commitment for the scaffolding company to proceed with the above work as a payable item above and beyond any fixed lump sum contract. |
| Name:  | Position:  |
| Time:  | Date:  |
| Signature: |