

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
Note: A minimum charge of 4 hours per man will apply when travel to site is required		Totals				
Delivery Details						
Extra transport chargeable? Yes <input type="checkbox"/> No <input type="checkbox"/>		Extra equipment / hire chargeable? Yes <input type="checkbox"/> No <input type="checkbox"/>				
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:						