

Westcoast Communication Services Change Order

Change Order # _____ Date: _____

Company name: _____ Company Address: _____

Change Order Details

Materials:

Cable	Fiber	Patch Cable	Face Plates	Racks	Switches	Power Mgmt.
Quantity: ____/ft Cable Type (v): ____ Cat5e (CMR) ____ Cat5e (CMR) ____ Cat6 (CMR) ____ Cat6 (CMR) ____ Coax (CMR) ____ Coax (CMR) ____ Other: ____	(Count/Footage/Quantity) MM50: _____ MM62.5: _____ SM: _____ Type ST: _____ SC: _____ LC: _____	<input type="checkbox"/> Cat5e <input type="checkbox"/> Cat6 Color: _____ (Quantity of each) 2 ft: _____ 3 ft: _____ 5 ft: _____ 7 ft: _____ 14 ft: _____ 25 ft: _____	(Quantity of each) 1 Port: _____ 2 Port: _____ 3 Port: _____ 3 Port: _____ Blank _____ Ivory: _____ White: _____ LOVO Brkt: _____	8-22 Wall: _____ 9u Cab: _____ 12u Cab: _____ 42u Encl: _____ 7 Foot: _____ Shelf <input type="checkbox"/> Yes <input type="checkbox"/> No Qty.: _____	(Quantity of each) 10/100: _____ 10/100/1000: ____ 5 Port: _____ 8 Port: _____ 16 Port: _____ 24 Port: _____	(Quantity of each) UPS: _____ 350: _____ 500: _____ 1100: _____ 1500: _____ Power Strip: <input type="checkbox"/> Yes <input type="checkbox"/> No Rack Mount: <input type="checkbox"/> Yes <input type="checkbox"/> No
Jack	Surface Mount	Patch Panels	Patch Panel Mount Bracket	Connectors	Back Board	Grounding
Color: _____ (Quantity of each) CAT5e: _____ CAT6: _____	Ivory: _____ White: _____ 1 Port: _____ 2 Port: _____	<input type="checkbox"/> Cat5e <input type="checkbox"/> Cat6 12 Port: _____ 24 Port: _____ 48 Port: _____	(Quantity of each) 1U: _____ 2U: _____	(Quantity of each) Coax: _____ F: _____ BNC: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO Qty.: _____ Size: _____ Painted: <input type="checkbox"/> YES <input type="checkbox"/> NO	(Quantity of each) #6AWG: _____ ft Grndbr: _____ #6GrndLug: _____ Ty Wraps: _____ D Rings: _____ J-Hooks: _____

Other Materials:

Authorized Agent Name: _____ Signature of Acceptance: _____

Date of Acceptance: _____ \$ _____ Sub-Total
 \$ _____ Sales Tax
 \$ _____ Grand Total of Change Order