

CHANGE ORDER REQUEST FORM

REQUEST FOR CHANGES TO CLOSED/EXHAUSTED PURCHASE ORDERS CAN NOT BE PROCESSED AND WILL BE RETURNED TO REQUESTOR.

DATE: 11/17/2024 _____

REQUESTOR: Herb Johnson _____

DEPARTMENT: Utilities _____

PURCHASE ORDER #: 28786 _____

CHANGE ORDER ___ 1 ___ of ___ 1 ___

FUND TYPE: OPERATING CAPITAL XX GRANT

APPROVED BY:  11/18/24
(Department Director)

APPROVED BY: _____
(OMB)

FINANCE DIRECTOR/DESIGNEE APPROVAL _____

CAPITAL ACCOUNTS

PLACE A NEXT TO YOUR REQUEST

- ORIGINAL PO AMOUNT \$4,785,450.00 _____
- INCREASE AMOUNT REQUESTED \$500,000.00
- on an emergency basis _____
- DECREASE AMOUNT REQUESTED _____
- Close PO

CITY MANAGER'S APPROVAL _____
COMMISSION APPROVAL _____
(RESOLUTION NUMBER) _____

TO INCREASE A CAPITAL PURCHASE ORDER:

- 1) INCREASE LESS THAN 10% OF THE ORIGINAL APPROVED COST REQUIRES CITY MANAGERS APPROVAL.
- 2) INCREASE ABOVE 10% OF THE ORIGINAL APPROVED COST REQUIRES COMMISSION APPROVAL.

OPERATING ACCOUNTS

PLACE A NEXT TO YOUR REQUEST

- Close Entire PO
- Add a line to PO
- Make changes indicated below:

(IF YOU NEED MORE LINES PLEASE COMPLETE AN ADDITIONAL FORM)

PO Line Item #	Increase Amount by	Decrease Amount by	Budget Code

CHANGE NOTICES CAN BE EMAILED. DO NOT SEND DUPLICATES.

NOTE: If you have any questions or need assistance, please call Purchasing @ 954-777-2051

***FOR PURCHASING USE ONLY*

- CANNOT PROCESS DUE TO BUDGET ISSUES
- REQUIRES COMMISSION APPROVAL

REMARKS: _____

COMPLETED DATE: ___/___/20___ INITIALS: _____