

## 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:   
(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

TO INCREASE A CAPITAL PURCHASE ORDER:

CITY MANAGER'S APPROVAL \_\_\_\_\_

COMMISSION APPROVAL

(RESOLUTION NUMBER) \_\_\_\_\_

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: \_\_\_\_\_