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:_____