



Marion County Board of County Commissioners

Procurement Services

2531 SE Third St.
Ocala, FL 34471
Phone: 352-671-8444
Fax: 352-671-8451

CHANGE ORDER FORM

This form is to be used when a Purchase Order has a change in scope, amount or date. Amounts exceeding 10% of original award requires BCC approval. Some fields may not be applicable and may be left blank. Use your cursor to hover over a field for help.

Date 05/15/2025

Department Utilities

Change Order # 2

☐ Additional Days Only

Is Board Action Required? Yes

Bid/Contract/Quote Number & Project Title:
24PB-295

PO Number: 2500204

Contract Amount: _____

Have you sent Procurement the revised P&P Bond? Yes ☐ No ☐ N/A ☒

Is the change order amount from Contingency? Yes ☐ No ☒

Contractor/Vendor (Name & Address):

National Metering Services, Inc
163 Schuylar Ave
KEarney, NJ 07032

GL Account Number (ORG/OBJECT):
ZF448536 - 563102

Project Account Number (If applicable):
UTC000120

Requesting Amount of Contingency: _____

JUSTIFICATION & DESCRIPTION OF CHANGE

Contract renewal on the June 17 Agenda piggy backing with Pasco County for meter installation services. This request is to add \$55,000 to the purchase order,

* BACKUP DOCUMENTATION MUST BE ATTACHED CLARIFYING CHANGE*

Original Ordered Amount: _____

\$18,000.00

Current Ordered Amount (Not the balance): _____

\$45,000.00

The PO will be increased/decreased by this change order in the amount of:
(Do not put contingency amount)

Increase ☒

Decrease ☐

\$55,000.00

The new PO amount including this change order will be:

(PO amount will not change if it comes from contingency)(auto calculated)

\$100,000.00

Contract time will be Increased/decreased by _____

DAYS

Prior Substantial Completion Date _____

Revised Substantial Completion Date _____

Prior Final Completion Date _____

Revised Final Completion Date _____

Approval:

Director/Designee _____

Date 5/15/25

Project Mgr. _____

Date _____

Administration (If Applicable) _____

Date _____

Procurement: _____

Date _____

BCC Approval (when applicable):

Chairman, BCC _____

Date _____

Attest: Clerk of Court _____

Date _____

County Administrator _____

Date _____