

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.
Please send completed and digitally signed form to Procurement@marionfl.org

Date: 6/2/2026 Department: Fire Rescue Service Change Order #: 001

Additional Days Only Is Board Action Required? Yes No N/A

Bid/Contract/Quote Number & Project Title: _____ Contractor/Vendor (Name & Address):

ETR LLC
 700 S French Ave
 Sanford, FL 32771

PO Number: 2601179 GL Account Number (ORG/OBJECT): VJ733526-564101

Contract Amount: _____ Project Account Number (if applicable): STC0733VE

Have you sent Procurement the revised P&P Bond? Yes No N/A Requesting Amount of Contingency: _____

Is the change order amount from Contingency? Yes No

JUSTIFICATION & DESCRIPTION OF CHANGE

Additional funds needed to complete the removal and remounting of modules on four (4) new 2026 International CV515 SFA 4X4 cab and chasis.

* BACKUP DOCUMENTATION MUST BE ATTACHED CLARIFYING CHANGE*

Original Ordered Amount: _____ \$926,396.00

Current Ordered Amount (Not the balance): _____ \$926,396.00

The PO will be increased/decreased by this change order in the amount of: _____

(Do not put contingency amount) Increase Decrease \$ 44,500.00

The new PO amount including this change order will be: _____

(PO amount will not change if it comes from contingency)(auto calculated) \$970,896.00

Contract time will be increased/decreased by _____ DAYS

Prior Substantial Completion Date: _____ Revised Substantial Completion Date: NA

Prior Final Completion Date: _____ Revised Final Completion Date: NA

Approval:

Cassandra Li Digitally signed by Cassandra Li
Date: 2026.06.02 11:22:15 -04'00'

Director/Designee _____ Date _____

Project Mgr. _____ Date _____

Administration (NEW amount is between \$25k - \$50k) _____ Date _____

Procurement: _____ Date _____

BCC Approval (when applicable):

Chairman, BCC _____ Date _____

Attest: Clerk of Court _____ Date _____

County Administrator _____ Date _____

Reset Form

Email Form