

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: 11/12/2025 Dep	partment: Facilities Management	c	hange Order #: 3
Additional Days Only Is Board Action Required?		Contractor/Vendor (Name & Address):	
Bid/Contract/Quote Number & Project Title: 20Q-161-TO-50 SELP SALES ARENA RENO		CULLISON WRIGHT CONT 12TH ST OCALA, FL 34470	
PO Number: 02501648			
Contract Amount: \$ 653,221.80		GL Account Number OR AA718572 - 563102	RG/OBJECT):
Have you sent Procurement the revised P&P Bond? Yes No N/A Project Account Number		r(If applicable):	
Is the change order amount from Contingency? Yes No No Requesting Amount of Contingency?		Contingency:	
JUSTIFICATION & DESCRIPTION OF CHA	NGE		
During demolition, unforeseen conditions v required to properly address these issues at			
Original Ordered Amount:			\$653,221.80
Current Ordered Amount (Not the balance):			\$653,221.80
The PO will be increased/decreased by this change order in the amount of: Obecrease Obecrease			\$ 18,102.20
The new PO amount including this change order will be: (PO amount will not change if it comes from contingency)(auto calculated)			\$671,324.00
Contract time will be Increased/decrease	d by	DAYS	
Prior Substantial Completion Date:	Revised Subs	tantial Completion Date:	NA
Prior Final Completion Date:		Completion Date:	NA
Approval.	11/13/25 BCC Approv	al (when applicable):	
Director/Designee	Date Chairman, E	CC	Date
Project Mgr.	Date Attest: Clerk	c of Court	Date
Administration (NEW amount is between \$25k - \$5 Becky Jayne	Date County Adm 12/11/25	inistrator	Date
Procurement:	Date Reset Form Email Form		Revised 10/2025