

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**

- F /4F /202F	Department: Office of Co	unty Engineer		
			Contractor/Vendor (Name & Address):	
Additional Days Only Is Board Action Required?			a Address).	
Bid/Contract/Quote Number & Project Title:		1700 SE 17TH ST	Kimley Horn 1700 SE 17TH ST	
24Q-226 CROSS FLORIDA GREENWAY TRAIL TIP000024		SUITE 200		
PO Number: 2401732		OCALA FL 34471		
Contract Amount: \$822,295.18		•	GL Account Number (ORG/OBJECT): BL760541 - 563220	
Have you sent Procurement the revised P&P Bond? Yes			(If applicable):	
Is the change order amount from Contingency? Yes No No		Requesting Amount of Co	ontingency:	
JUSTIFICATION & DESCRIPTION OF CHANGE \$ 0.00				
	ACKUP DOCUMENTATION MUST BE		\$822,295.18	
Original Ordered Amount:			5822,295.16	
Current Ordered Amount (Not the balance):			\$822,295.18	
⊙ Increase			\$ 15,730.00	
The new PO amount including this change order will be: (PO amount will not change if it comes from contingency)(auto calculated)			\$838,025.18	
Contract time will be Increased/de	ecreased by	DAYS		
Prior Substantial Completion Date: Revised Substantial Completion Date		NA		
Prior Final Completion Date:		Revised Final Completion Date:		
Approval:		BCC Approval (when applicable):		
Directo/Designee	5/15/25 Date	Chairman, BCC	Date	
Project Mgr.	Date	Attest: Clerk of Court	Date	
Administration (NEW amount is between	n \$25k - \$50k) Date	County Administrator	Date	
Procurement:	Date		Revised 10/202	

Email Form

Reset Form