

CHANGE ORDER FORM

☐ Additional Days Only

Date 04/21/2021

Check One

- ☐ Change in Scope
☐ Unforeseen Condition*

Change Order # 1

Project Title & Bid/Contract or Quote Number

17BE-171-CA-02

Vendor (Name & Address)

First Mobile Trust LLC
PO Box 604048
Charlotte, NC 28260

Project Number _____

PO Number: 2100511

Contract Amount (include 10% contingency) _____

Budget Account Code

ZF440536-534101 / ZF440536-542201

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

DESCRIPTION OF CHANGE & CHANGE ORDER AMOUNT

Original PO amount was to cover for a partial year of service in anticipation of going to Tyler. Additional amount will cover bill printing and postage service through the year.

PO Amount was..... \$84,850.00

Net change by previous authorized Change Orders..... -0-

The PO amount prior to this Change Order was..... \$84,850.00

The PO will be increased/decreased by this change order in the amount of..... \$87,440.00

(PO amount will not change if it comes from contingency).
* Finance MUST approve increase prior to submitting form.

The new PO amount including this change order will be..... \$172,290.00

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

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:

BCC Approval (when applicable)

Department Head

Date

Chairman, BCC

Date

Asst. Co. Administrator: (If Applicable)

Date

Attest: Clerk of Court

Date

Project Mgr.

Date

Administration Approval (when applicable)

Finance

Date

County Administrator

Date

Procurement

Date

* BACKUP DOCUMENTATION MUST BE ATTACHED CLARIFYING CHANGE
Rev 04/15