

ORANGE COUNTY PROCUREMENT DIVISION CHANGE ORDER REQUEST FORM

REQUEST DATE	BUDGET FY	GRANT FUNDING							
06/24/24	23/24	N/A THIS REQUEST COMPLIES							

CHANGE ONDER REQUEST TORIN									WITH COST PRINCIPL						OST PRINCIPLES		
DEPARTMENT/DIVISION						CONTACT NAME				CONTACT PHONE				BUYER/PA/CA NAME			
Administrative Servcies / Capital Projects					S	Jose Canas				407-836-0081							
VENDOR				CHANGE ORDER NO					ТҮРЕ	CON	TRACT NUMB	ER [CANCEL ENTIRE PO/DO				
GOMEZ CONSTRUCTION CO INC						2 C21737			P	ooc		Y21-737		DO NOT MAIL VENDOR COPY			
INCREASE, DECREASE OR DELETE COMMODITY LINE																	
CMDTY. LINE NO.			ACT		PREVIOUS LINE DOLLAR AMOUNT				NEW LINE POLLAR AMOUNT DES			COMMODITY LINE SCRIPTION/COMMENTS			NET DOLLAR CHANGE		
	Selec	ct A	ction	И					Project Health		Project: Health Dep	Poor 4 Departmet Buildings 1 & 2 Window Replacement (21005)			\$ 0.00		
	Selec	ct A	ction	Л								OUT OF A THE SAME OF MAN			\$ 0.00		
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ADD COMMODITY LINE																	
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LINE NO.	CODE		FOR D.O. YOU MUST SP							IEAS.						CHANGE	
2	973150	Projec	t Heath Departmet	Buildings 1 & 2	Window Replaceme	placement (21005)		50000	t	EA S		3 1.00		See below		\$ 50,000.00	
										··········						\$ 0.00	
					The second secon											\$ 0.00	
	G: ACCOL	NITN	G LINE OF	REPO	RTING CO	DDE CI	HANG	GE			tion and recovered as to	·		KD OAA		70	
CMDTY. LINE NO.	ACCTG. LINE NO.		ROM IOUNT	TO MOUNT	т АССО		FROM OUNTING LINE		TO ACCOUNTING LINE				TO PORTING CODE				
2	1		\$ 5		0,000.00	0				1023-043-2052-3810		-3810			210050507		
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ORIGINAL PO/DO AMT. REQUIRED I NET DOLLARS PREVIOUS C/O					ARS S C/O	NET DOLLARS FOR THIS C/O				DOCUMENT TOTAL AFTER THIS C/O			DESCRIBE				
\$ 12	2,100,000.0	n	euro-processario (2) (C) grates especia sec	D [] S	SUBTRACT	CT			ļ	\$ 2,658,693.49			Add 139 days.				
	CT AMOL		Ι Ψ	1,000,0	33.43		Ψ	30,000.00	1	Ψ 2,0	30,030			sed Substai	ntial		
NET DO PREVIOU			REVIOU	s c/o			THIS C/O DD SUBTRACT \$ 50,000.00		CONTRACT TOTAL AFTER THIS C/O \$ 2,658,693.49		UIML II	Completion: 01/17/24 Revised Final Completion: 02/17/24					
			proper pose delication or			ADD					3.49						
JUSTIFICA	ATION (REC	QUIRED	FOR ALL T	RANSA	ctions)				************								
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								nty, its agents and	I emp	loyees	from a	ny and all lie	abilitie:	s under this cont	ract f	or further	
vendor/ contractor authorization DATE: 7 / 11 / 20										11/202							
DEPARTMENT APPROVAL SIGNATURE DATE: 7/10/24																	
		47				OFF	CIAL	PROCUREMENT DI	VISIO	N USE (ONLY					THE YES ON	
PROCURE	EMENT APP	PROVA	L:											DATE:	***************************************		
ADD THE FOLLOWING TEXT TO PO/DO: TRACK CHANGES: YES NO CHANGE AWARD AMOUNT TO:																	