

BREVARD COUNTY PURCHASING SERVICES
PURCHASE ORDER CHANGE REQUEST

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| Change Order #: 01 | PROJECT / COMMODITY TITLE: Flash Flood 10-26-2025 | | |
| | CURRENT PO TOTAL: \$ 50,000.00 | | |
| | COST OF CURRENT CHANGE ORDER: \$ 210,042.50 | | |
| | UPDATED TOTAL PO AMOUNT: \$ 260,042.50 | | |
| FROM: Utility Services Department | | PA NAME/BC #: BC7 | DATE: 11/13/2025 |
| PO #: 4500127503 | | VENDOR NAME/#: 14257 Meeks Plumbing Inc | |

| CHANGE the Following Item(s) | | | | | | | |
|------------------------------|---------------|-------------|---------------|--------------|--------------|----------------------------|--------------------------|
| Item No. | From Quantity | To Quantity | Change G/L to | Change CC to | Change IO to | From Unit/Encumbered Price | To Unit/Encumbered Price |
| 10 | | | | | | \$ 10,000.00 | \$ 82,600.00 |
| 20 | | | | | | \$ 20,000.00 | \$ 74,340.00 |
| 30 | | | | | | \$ 20,000.00 | \$ 103,102.50 |
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| ADD the Following Item(s) | | | | | | |
|---------------------------|------------------------------|-----|----|------------------------------------|----------|------------|
| Item No. | Description of Comm/Services | G/L | CC | IO <small>(as required)</small> | Quantity | Unit Price |
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| CANCEL the Following Item(s) | |
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| Cancel Entire Purchase Order: _____ | <small>(Requires Requestor Signature)</small> |
| Cancel Item Number(s): _____ | |

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| ▼ Check Each Applicable Item Below ▼ | | ◆ Check Appropriate Action for Requisition over \$15,000 ◆ | |
| <input checked="" type="checkbox"/> | If Over \$15,000 – Attach Separate Justification, if Applicable. | <input type="checkbox"/> | Permission to Purchase from GSA, State, Cooperative Bids/Contracts |
| <input type="checkbox"/> | If Trade-in or Replacement – List Property Record Number of Old Unit | <input type="checkbox"/> | Permission to Repair (Facilities/Equipment) |
| <input type="checkbox"/> | Proprietary Purchase Single Distributor, Patent Number, etc. | <input type="checkbox"/> | Sole Source/Only Known Source (Attach Documentation) |
| | | | Other (Please Describe Below) |

Detailed Description of Service/Commodity and Justification:

The change order is required because the actual cost exceeds the original estimated cost for this service. Please find the justification letter attached for your review.

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| <p>Requested By: <u>Marta Cuevas</u> <i>MOC</i></p> <p>Approved By: <u>Edward Fontanin</u> <i>[Signature]</i></p> <p>Administrative Approval: <u>Thad Altman</u></p> <p>Phone Number: _____</p> <p>Need Change Order By: _____</p> | <p><u>Purchasing Use Only</u></p> <p>Change Order Input:</p> <p>By: _____</p> <p>On: _____</p> |
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