



Request for Purchasing Manager Signature

(\$Up to \$50,000)

Project Name/Contract Number:	On-Call Survey Services	#219-111.2
Department Contact / Department Name:	Jakob Peetz	Eng/CIP
Date of City Council Approval: (Past or Recent)	05/07/2019	
Return Signed Document to:	Jakob Peetz	Ext: 8144

Background/Purpose:

Additional funds to be added to existing capped funding amount.

Funding:

Project Number	Fund	Phase	GL Account	Amount
By Fund Authorization	N/A	N/A	N/A	\$45,000

Reviewed / Approved:

User Department Director:	<i>Lauri May</i>	Date:	<i>5/18/20</i>
Purchasing / Contracting POC:		Date:	
Finance Director: (CDBG-DR)		Date:	
Purchasing Manager:	DocuSigned by: <i>Lynda Williams</i>	Date:	5/18/2020
Other Depts. as needed	6E68F7FC3ADB480...		

EXHIBIT B
AUTHORIZATION OF CHANGE IN SERVICE

CONTRACT NUMBER / CONTRACT NAME:	219-111.2 On-Call Survey Services	
CITY REPRESENTATIVE:	Jakob Pectz	
CONTRACTOR:	Byrn & Associates, Inc.	
CONTRACT EFFECTIVE DATE:	05/07/2019	
THIS AUTHORIZATION DATE:	05/15/2020	AUTHORIZATION NO.: 1

DESCRIPTION OF WORK TO BE ADDED TO OR DELETED FROM SCOPE OF SERVICES:

Additional funds to be added to existing capped funding amount.

Original Contract Amount:	\$	50,000.00	
Previous Increases/Decreases in Contact Amount:	\$	0.00	
This Increase/Decrease in Contract Amount:	\$	45,000.00	
Revised Contract Amount:	\$	95,000.00	

CONSULTANT:


Signature

5-15-20
Date

DAVID C. WILLIAMSON, PRESIDENT
Print Full Name / Title (if not in individual capacity)

CITY:
DocuSigned by:


Signature

5/18/2020
Date

Lynda Williams
Print Name

Purchasing Manager
Title

City Department Use Only Below This Line (PM, etc.).

Account Number(s):	Amount	Date
# By fund authorization		
#		
#		