



## Request for Purchasing Manager Signature

(\$Up to \$50,000)

Project Name/Contract Number:	On-Call Material Testing Services	#217-435.8
Department Contact / Department Name:	Jakob Peetz	Eng/CIP
Date of City Council Approval: (Past or Recent)	August 7, 2018	
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	\$49,500.00

**Reviewed / Approved:**

User Department Director:	<i>Lauri May</i>	Date:	4/6/20
Purchasing / Contracting POC:		Date:	
Finance Director: (CDBG-DR)		Date:	
Purchasing Manager:	DocuSigned by: <i>Lynda Williams</i>	Date:	4/9/2020
Other Depts. as needed	6E68F7FC3ADB480...		

**EXHIBIT B  
AUTHORIZATION OF CHANGE IN SERVICE**

<b>CONTRACT NUMBER / CONTRACT NAME:</b>	217-435.8 On-Call Material Testing Services	
<b>CITY REPRESENTATIVE:</b>	Jakob Peetz	
<b>CONSULTANT:</b>	Raba Kistner, Inc.	
<b>CONTRACT EFFECTIVE DATE:</b>	August 7, 2018	
<b>THIS AUTHORIZATION DATE:</b>	04/06/2020	<b>AUTHORIZATION NO.:</b> 1

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

Additional funds to be added to existing capped funding amount.

<b>Original Contract Amount:</b>	\$	200,000.00	
<b>Previous Increases/Decreases in Contact Amount:</b>	\$	0.00	
<b>This Increase/Decrease in Contract Amount:</b>	\$	49,500.00	
<b>Revised Contract Amount:</b>	\$	249,500.00	

**CONSULTANT:**

*Gabriel Ornelas, Jr*  
Signature

*4/6/2020*  
Date

*Gabriel Ornelas, Jr*  
Print Full Name / Title (if not in individual capacity)

**CITY:**

DocuSigned by:

*Lynda Williams*

4/9/2020

Signature

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		
#		
#		