

## ***Request for Change Order***

*Obtaining goods and/or services before the change order is in violation of City of Deltona Purchasing Policy and Procedure No. 06. Change Orders must attain proper approvals and processed prior to accomplishing the change.*

|  |               |                          |  |
|--|---------------|--------------------------|--|
| Date:  | 6/24/2022     | Department:              | <b>196</b>   |
| PO #:  | 220093        | Vendor:                  | <b>Garganese, Weiss, D'Agresta &amp; Salzman, PA</b> |
| Change Order#:   | 1             | Requestor:               | <b>Miron San Miguel</b>                              |
| Acct. No.:   | 001196-523101 | Extension:               | <b>8703</b>  |
| Cause for Revision: <u>Additional special magistrate services are requested due to the increase in code enforcement cases.</u> |               |                          |  |
| <br>   |               |                          |  |
| <br>   |               |                          |  |
| Add freight charges<br>Increase/Decrease Blanket Purchase Order Maximum Expenditure  |               |                          |  |
| Change in Contract Time:   |               | Revised Completion Date: |  |


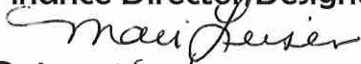
Original PO/Contract Price: \$ 12,600

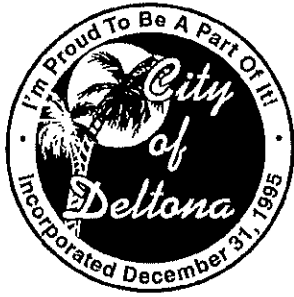
Previous Change Orders: \$ 0

This Change Order (+or-) \$ 18,000

Revised PO/Contract Price: \$ 30,600

Copy of original PO/previous Change Orders attached

| <b>Approvals</b>   |                               |
|--|-------------------------------|
| Department Director:          | City Manager: (if applicable) |
| Date: <u>6/24/22</u>   | Date:                         |
| Finance Director/Designee<br> | Approved by Commission on:    |
| Date: <u>6/24/2022</u>   | Date:                         |

**City of Deltona**

2345 Providence Blvd.  
Deltona, FL 32725  
PH. (386) 878-8100  
City Terms Net 30  
Tax Exempt # 74-29-088372-54C  
Tax ID# 59-3348668

# Purchase Order

Fiscal Year 2022

Page 1 of 1

THIS NUMBER MUST APPEAR ON ALL INVOICES  
PACKAGES AND SHIPPING BILLS

Purchase  
Order #**220093 - 00**

Delivery must be made within doors of specified destination.

Authorized Representative:



GARGANESE, WEISS, D'AGRESTA &  
SALZMAN, P.A.  
PO BOX 2873  
ORLANDO FL 32802-2873



ATTN: ENFORCEMENT SERVICES  
2345 PROVIDENCE BLVD  
DELTONA FL 32725

| Vendor Phone Number |   | Vendor Fax Number |      | Requisition Number |                |
|---------------------|---|-------------------|------|--------------------|----------------|
| 407-425-9566        |   | 407-425-9596      |      | 220188             |                |
| Date Ordered        |   | Vendor Number     |      | Delivery Reference |                |
| 10/06/2021          |   | 50403             |      |                    |                |
| Item#               | Description/Part No.  | Qty               | UOM  | Unit Price         | Extended Price |
|                     | <b>SPECIAL MAGISTRATE</b><br><br>The Above Purchase Order Number Must Appear On All Correspondence - Packing Sheets And Bills Of Lading<br><br>Go to <a href="http://www.deltonafl.gov">www.deltonafl.gov</a> to see the Terms and Conditions of all purchase orders issued by the City of Deltona.<br>The City uses <a href="http://www.demandstar.com">www.demandstar.com</a> to post bids and quotes |                   |      |                    |                |
| 1                   | MAGISTRATES FOR THE HEARINGS FOR CODE CASES   | 1.0               | EACH | \$12,600.000       | \$12,600.00    |

VENDOR COPY

P.O. Total

**\$12,600.00**

# TRANSFER OF FUNDS

JE # 80342

|                      |           |     |                 |
|----------------------|-----------|-----|-----------------|
| Date:                | 5/11/2022 | 196 | Code Compliance |
| Budget Transfer No.: | 2022-049  |     |                 |

## INCREASE (to)

|   |             |                               |         |    |        |
|---|-------------|-------------------------------|---------|----|--------|
| 1 | Account No. | 001196 523101                 | Amount: | \$ | 18,000 |
|   | Description | PROFESSIONAL SERVICES - OTHER |         |    |        |
| 2 | Account No. |                               | Amount: | \$ |        |
|   | Description |                               |         |    |        |
| 3 | Account No. |                               | Amount: | \$ |        |
|   | Description |                               |         |    |        |
| 4 | Account No. |                               | Amount: | \$ |        |
|   | Description |                               |         |    |        |

## DECREASE (from)

|   |             |                             |         |    |        |
|---|-------------|-----------------------------|---------|----|--------|
| 1 | Account No. | 001196 524920               | Amount: | \$ | 18,000 |
|   | Description | UNSAFE CONDITIONS ABATEMENT |         |    |        |
| 2 | Account No. |                             | Amount: | \$ |        |
|   | Description |                             |         |    |        |
| 3 | Account No. |                             | Amount: | \$ |        |
|   | Description |                             |         |    |        |
| 4 | Account No. |                             | Amount: | \$ |        |
|   | Description |                             |         |    |        |

## Details of Transfer

To provide funding for Special Magistrate for hearings. Contract costs were changed by the Magistrate after budget was adopted due to increase in personnel.

|   |    |                     |
|---|----|---------------------|
| Will this transfer cause a short fall within the decreased GL?                | No | Initials: <i>RH</i> |
| Will this transfer cause a short fall within the overall department's Budget? | No | Initials: <i>RH</i> |

## APPROVALS

|  |                 |
|--|-----------------|
| Department Head: <i>RAP</i>                                | Date: 5/11/22   |
| Finance Director: <i>mLuse</i>                             | Date: 5/11/2022 |
| Deputy City Manager (if applicable):                       | Date:           |
| City Manager: <i>[Signature]</i>                           | Date: 5/11/22   |
| City Commission Authorization: <i>attach documentation</i> | Date:           |