

# CMO CHANGE ORDER

## APPROVAL FORM – EXISTING PO'S

CITY OF SAN ANGELO, TEXAS  
PURCHASING DIVISION



E-mail completed form to [sapurch@cosatx.us](mailto:sapurch@cosatx.us)

Include supporting documentation such as Contracts, Council Minutes, Previous Requisitions, etc.

PO Number	Amount
Vendor	Vendor Number
RFx Number <i>IF APPLICABLE</i>	Co-op and Number <i>IF APPLICABLE</i>

### Explanation of Change

Authorized Expenditure Yes  No

Approved by City Council (over \$50,000) Yes  No

If Yes, date approved (MM/DD/YY): \_\_\_\_\_ +  Attach a Copy of the Council Minutes

Sufficient Budget Yes  No

Insufficient Override Yes  No

If insufficient, identify funding source

Budget Amendment in Progress Yes  No

You must attach a copy of your budget amendment request if this is an override request.

### SIGNATURES

Requestor \_\_\_\_\_ Date \_\_\_\_\_

Director \_\_\_\_\_ Date \_\_\_\_\_

Purchasing Manager\* \_\_\_\_\_ Date \_\_\_\_\_

Finance Director\* \_\_\_\_\_ Date \_\_\_\_\_

City Manager \_\_\_\_\_ Date \_\_\_\_\_

\* Required on all purchases exceeding \$25,000 and insufficient overrides

**Must be submitted to CMO with all signatures**