

CMO CHANGE ORDER

APPROVAL FORM – EXISTING PO'S

CITY OF SAN ANGELO, TEXAS
PURCHASING DIVISION



E-mail completed form with supporting documentation (Contracts, Council Minutes, Previous Requisitions, etc.) to sapurch@cosatx.us

PO Number	Change Amount	New Total
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****