



CHANGE ORDER

Date: 8-1-14
 Order Number: CN16370
 Change Number: 1
 Department Name: Public Health Department
 Customer Number: 0041
 Requested By: Dan Reid/ Jennifer Paulson
 Phone #: 681-5119

Supplier Name and Address:

PETER HASLER MD

Note to Supplier:

This is a change in the order specified, under which you are supplying us with certain goods or services. If the change is not acceptable to you, or you require additional data, please contact the Buyer identified below (or on the original order). No reply is awaited.
 If you do not object to this change in writing prior to taking any further action in fulfilling the order (with all changes), you will be presumed to concur with this change and you will be bound by its terms.

The following change is requested and authorized:

INCREASE contract amount from \$43,000 to \$58,000.

REPLACE existing Exhibit A - Scope of Work, Revision 1 dated 6-23-14 with attached Exhibit A - Scope of Work, Revision 2 dated 8-1-14.

CHANGE term date to June 30, 2015.

ALL OTHER TERMS AND CONDITIONS REMAIN THE SAME

Authorized Departmental Signature
 Linda Stevens

Printed Name

Date
 805/681-4628

Phone (7 digit)

Buyer

Printed Name

Date
 805/

Phone (7 digit)

CHANGE ORDER ENCUMBRANCE (This section for County Use Only)

(Refer to FIN Manual for Encumbrance Form Instructions)

Batch ID:

Choose what you want to do:

O	Enter Original Encumbrance
I	Increase Encumbrance
R	Reduce Encumbrance

Posting Date

/ /

Audit Trail #

Document # ENC

Action	Contract/P.O.#	Vendor#	Fund	Dept No	Line Item Account	Amount	Program	Org Unit	Project	Desc ID
1										
2										
3										
4										

Total \$0.00

A

B

Form Prepared By

Phone #

Deputy Auditor-Controller

Date