



CHANGE ORDER

Date: 12/5/17
 Order Number: CN20708
 Change Number: 2017-0001-17
 Department Name: 055 - Housing & Community Development
 Customer Number:
 Requested By: Dylan Tekautz
 Phone #: 805 / 568-2826

Supplier Name and Address:

ATTN: ERIN WILSON
 UNITARIAN SOCIETY OF SB
 1535 SANTA BARBARA ST
 SANTA BARBARA, CA 93101-1917

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 \$50,000.00 to \$58,458.00 (increase of \$8,458.00); new total not to exceed \$58,458.00.

Department Input - Does this Change-Order involve Federal Funds (circle one):

No

Yes (Federal Super Circular requirements apply)

Authorized Departmental Signature
 Dinah Lockhart
 Printed Name

12-12-17
 Date
 805 / 568-3523
 Phone (7 digit)

 Buyer
 Printed Name
 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	I	CN20708	583227	0001	055	7860	8,458.00	5200		A
2										
3										
4										
5										
Total						\$8,458.00				

A Increase contract amount by \$8,458.00

B

Dylan Tekautz
 Form Prepared By

x2826
 Phone #

Deputy Auditor-Controller

Date