



# EXHIBIT: B

## CITY OF COSTA MESA, CALIFORNIA Purchase Requisition

(Leave Blank for Time Stamp)

Purchase Order Number  
(Assigned by Purchasing)

Business Unit: <u>CITY</u>	Date Requisitioned: <u>5/20/14</u>	<input type="checkbox"/> Request is for Budgeted item(s)
Department: <u>Development Svs</u>	Division: <u>Planning</u>	<input checked="" type="checkbox"/> Request is for <b>UNBUDGETED</b> item(s)-(Memo Attached)
Ship To Address: <u>77 Fair Drive</u>		<input type="checkbox"/> Item(s) Pending Budget Amendment Request # _____
Contact Person: <u>Silvia Kennerson</u>	Phone Number: <u>X5023</u>	<input type="checkbox"/> Requesting Sole Source (Justification Form Attached)
Send Copy of P.O. to: <input checked="" type="checkbox"/> Contact Person and / or _____		<input type="checkbox"/> Fixed Asset Tag Request

Item No.	Qty	Unit	Items (Give Full Description: Size, Catalog No. Etc.)	Unit Price	Estimated Amount
1	1	1	Amendment One for MIG's Professional Service Agreement, Additional Scope of Work, and Extend Contract Period By One (1) Year To October 1, 2015. From \$134,800 up to \$184,800 Depending On The Council Approved Options.		\$

If additional lines are needed, please attach a second sheet

Const./Prof. Svs. Agmt. Completion Date: \_\_\_\_\_

Sales Tax (8.00%):

Include Shipping Fee:

Insurance Required:  Yes (Certificate attached)  No

Estimated Total Cost: \$

Item #	Account	Fund	Dept./Org.	Program	Project	Amount
1	530200	101	18200	20320		\$ 100,000.00

**Comments:**

Total\$

Per Finance Director, \$100,000 is coming from contingency funds (see attached staff report) and remaining balance will be paid for through salary savings from FY13-14.

Proper approvals are required before requisition can be processed.

Suggested Vendor: MIG

Address: 169 N. Marengo Avenue

City, State, Zip Code: Pasadena, CA 91101-1703

Phone: 626-744-9872 Fax: 626-744-9873

Vendor's Contact Person: Jose M. Rodriguez

Ordered By: [Signature]  
Department Director/Authorized Signature

Approved By: [Signature]  
Director of Finance/Purchasing Officer

Approved By: \_\_\_\_\_  
City Manager (when required)

<b>PURCHASING DIVISION USE ONLY</b>		
Vendor ID:	Buyer:	Insurance valid thru _____
Ship To/Location:	Due Date:	
Standard Comments: ACC - ALL - ARR - BLA - CON - DCP - DIS - FCA - FCI - FIX - INS - IS - IST - ORG - QTR - REM - SUB - T&C		
<b>FINANCE DEPARTMENT USE ONLY</b>		
Available Appropriation: <input type="checkbox"/> Yes <input type="checkbox"/> No	As of:	Confirmed By: