



CITY OF COSTA MESA, CALIFORNIA
Purchase Requisition

(Leave Blank for Time Stamp)

Purchase Order Number (Assigned by Purchasing)

Business Unit: CITY Date Requisitioned: 4/22/15
Department: Development Svs Division: HCD
Ship To Address: 77 Fair Drive, CM 92626
Contact Person: Silvia Kennerson Phone Number: x5023
Send Copy of P.O. to: [X] Contact Person and / or

- [X] Request is for Budgeted item(s)
[] Request is for UNBUDGETED item(s)-(Memo Attached)
[] Item(s) Pending Budget Amendment Request #
[] Requesting Sole Source (Justification Form Attached)
[] Fixed Asset Tag Request

Table with 6 columns: Item No., Qty, Unit, Items (Give Full Description: Size, Catalog No. Etc.), Unit Price, Estimated Amount. Row 1: 1, 1, Amendment One, First Renewal of Four, One Year Renewal Options, \$ 85,000.00

If additional lines are needed, please attach a second sheet

Const./Prof. Svs. Agmt. Completion Date: 06/30/16

Sales Tax (8.00%):

Include Shipping Fee:

Insurance Required: [X] Yes (Certificate attached) [] No

Estimated Total Cost: \$ 85,000.00

Table with 7 columns: Item #, Account, Fund, Dept./Org., Program, Project, Amount. Row 1: 1, 530201, 207, 11310, 20427, \$ 85,000.00

Comments:

Total \$ 85,000.00

Email Address: mike@mliarresinc.com

Proper approvals are required before requisition can be processed.

Suggested Vendor: Mike Linares, Inc.

Address: PO Box 3913

City, State, Zip Code: San Clemente, CA 92672

Phone: 714-608-7263 Fax:

Vendor's Contact Person: Mike Linares

Ordered By: [Signature] Department Director/Authorized Signature

Approved By: Director of Finance/Purchasing Officer

Approved By: City Manager (when required)

PURCHASING DIVISION USE ONLY
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

FINANCE DEPARTMENT USE ONLY
Available Appropriation: [] Yes [] No As of: Confirmed By: