

## REPORT OF CONTRACT CHANGE ORDERS

| Period:                | 1 <sup>st</sup> – 15 <sup>th</sup> |  |  |  |
|------------------------|------------------------------------|--|--|--|
|                        | 16 <sup>th</sup> – End of Month    |  |  |  |
| Month & Year:          |                                    |  |  |  |
| For City Council Date: | June 22, 2021                      |  |  |  |

| Department | General Description<br>of Contract | Contract<br>Change<br>No. | Original Contract Amount | Contractor/ Vendor         | Total of Prior<br>Change Orders | Amount this<br>Change Order | Change<br>Approved By | Purchasing<br>Contact<br>(Buyer) |
|------------|------------------------------------|---------------------------|--------------------------|----------------------------|---------------------------------|-----------------------------|-----------------------|----------------------------------|
| Electric   | Unit 8 Boiler Repair Project       | 2                         | \$6,690,271.00           | TEi Construction Services, | \$369,324.00                    | \$44,488.00                 | B. Phillips           | JN                               |
| Services   |                                    |                           |                          | Inc.                       |                                 |                             |                       |                                  |
|            |                                    |                           |                          |                            |                                 |                             |                       |                                  |
|            |                                    |                           | \$                       |                            | \$                              | \$                          |                       |                                  |
|            |                                    |                           |                          |                            |                                 |                             |                       |                                  |
|            |                                    |                           |                          |                            |                                 |                             |                       |                                  |
|            |                                    |                           | \$                       |                            | \$                              | \$                          |                       |                                  |
|            |                                    |                           |                          |                            |                                 |                             |                       |                                  |
|            |                                    |                           |                          |                            |                                 |                             |                       |                                  |
|            |                                    |                           | \$                       |                            | \$                              | \$                          |                       |                                  |
|            |                                    |                           |                          |                            |                                 |                             |                       |                                  |
|            |                                    |                           |                          |                            |                                 |                             |                       |                                  |
|            |                                    |                           | \$                       |                            | \$                              | \$                          |                       |                                  |
|            |                                    |                           |                          |                            |                                 |                             |                       |                                  |
|            |                                    |                           |                          |                            |                                 |                             |                       |                                  |
|            |                                    |                           | \$                       |                            | \$                              | \$                          |                       |                                  |
|            |                                    |                           |                          |                            |                                 |                             |                       |                                  |
|            |                                    |                           |                          |                            |                                 |                             |                       |                                  |