**TASK ORDER APPROVAL FORM**

CONTRACT #:

TASK ORDER #:

TASK ORDER AMOUNT: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OFFERED BY CONSULTANT:

FIRM’S NAME

REPRESENTATIVE’S PRINTED NAME

SIGNATURE

TITLE DATE

**RECOMMENDED FOR APPROVAL APPROVED BY OKALOOSA COUNTY**

**(Department Director)**  **(Per Purchasing Manual)**

* $25,000 or less approved by Purchasing Manager
* $25,001 to $50,000 approved by OMB Director
* Between $50,001 and $100,000 approved byPurchasing Director and County Administrator
* In excess of $100,000 approved by the Board.

SIGNATURE PURCHASING MANAGER

TITLE DATE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OMB Director/DATE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE

COUNTY ADMINISTRATOR (if applicable) CHAIRMAN (if applicable)

DATE DATE

Revised November 3, 2017