

# TASK ORDER APPROVAL FORM

CONTRACT #: \_\_\_\_\_ Department(s) # \_\_\_\_\_

TASK ORDER #: \_\_\_\_\_ Account(s) # \_\_\_\_\_

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

Funding Source(s) County/Grant Agency \_\_\_\_\_

Grant Funded? Grant Title/number: \_\_\_\_\_

## OFFERED BY CONSULTANT:

\_\_\_\_\_  
FIRM'S NAME

\_\_\_\_\_  
REPRESENTATIVE'S PRINTED NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

## RECOMMENDED FOR APPROVAL (Department Director)

## APPROVED BY OKALOOSA COUNTY (Per Purchasing Manual) Table 1

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PURCHASING MANAGER

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
OMB Director/DATE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
COUNTY ADMINISTRATOR (if applicable)

\_\_\_\_\_  
CHAIRMAN (if applicable)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE