

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
(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