



# City of San Marcos On-Call Agreement Fund Allocation Request Form

<sup>1</sup>Fund Allocation Number: \_\_\_\_\_

**Instructions for Use: This Form will be used to "assign" or allocate services for project scopes to approved firms through the related Master On-Call Agreement. Assigned services may NOT begin until this form is completed (front and back) with all signatures and a Purchase Order is issued by COSM.**

Company Name: \_\_\_\_\_ Project Name: \_\_\_\_\_

Company PM: \_\_\_\_\_ On-Call Agreement Name: \_\_\_\_\_

On-Call Agreement #: \_\_\_\_\_

This Fund Allocation Form authorizes the Consultant (Firm) to provide the services described below in accordance with the Master On-Call Professional Services Agreement between the Consultant (Firm) and the City of San Marcos.

PROJECT DESCRIPTION:

SCOPE OF BASIC SERVICES:

This information must be completed prior to making the assignment/Fund Allocation:  
\*Fill out page 2 first for calculations.

Original On-Call Agreement Amount:	\$
Change In Service (change order/amendments) to Date:	\$
Revised Agreement Amount:	\$
Previous Fund Allocations Amount:	\$
Released Purchase Order Funds:	\$
Amount of this Request:	\$
Funds Remaining on On-Call Agreement:	\$

Requested By \_\_\_\_\_ Date \_\_\_\_\_

**Reviewed and Approved by:**

City Project Manager \_\_\_\_\_ Date \_\_\_\_\_

Director \_\_\_\_\_ Date \_\_\_\_\_

**Authorization to Proceed:** Following receipt of COSM Purchase Order, the Consultant (Firm) is authorized to proceed with the Services described above.

\*\*For Internal Use Only. To be filled out by PM\*\*

Project	Fund	Phase	Amount

GL Account \_\_\_\_\_

rev 2/6/2020

Submit invoices via email to the City PM and copy kfoxworth@sanmarcostx.gov

