DATE	∃:				
TO:	City of Columbus Department of Public Utilities DPU Fiscal Offices	FROM: Vendor: Rep: Address:			
	910 Dublin Road Suite 3016 Columbus, OH 43215				
		City, State, Zip:			
RE: (Contract Utilization Vendor Change Req	uest			
To W	hom It May Concern:				
It is the intention of			, the Prime Vendor on Project, to adjust the original or most recent version of the Utilization		
	rting Form to allow for the adding/subs ors in relation to Purchase Order Number	stitution of vendors and/or the	reallocation of funds be		
J	Prime and Subcontractor Firm Names	Original Utilization Amount	Revised Utilization Amount Requested		
				-	
				_	
				 -	
				_	
				1	
	TOTAL			-	
the Or contra	nderstood that all vendors should have a riginal Utilization Amount should equated value has not changed, simply the alleasoning for the above change in utilizat	If the total of the Revised Utiliocation for distribution.	O .		
We in	tend this change be reflected on the Util	ization Reporting Form startin	g with Invoice No.		
Thank	s you,				