PURCHASE ORDER CHANGE FORM

Purchasing Department

*****THIS FORM TO BE SENT TO THE FISCAL SERVICES DEPARTMENT****

(Fiscal will forward to Purchasing after they approve the changes)

DAT	E: _Janua	ary 20, 2023		nasing after	і шеу а	pprove tn	e cnanges	5)	
REQU	JESTOR N	AME: Debo	rah Waters EXT	. # <u>3786</u>	EMA	IL: waters	sd	@MDUSD.ORG	÷
SITE:	Food Se	rvice							÷
		TON APPROF LD-Reason fo		Chang	ge PO fil	l out appli			-
X	_Add or	Delete Line I	tem(s)						
Line Item	Add or Delete	Quantity if Adding	Description			Price	Budget (Code to be Charged	
1	Add	Add Lot California Meat Products			\$ 100,000.00 \$,000.00 13.5310.0000.3700.61 000.509.009.934		0	
		of Budget C	Code ONLY	.90					-
Line It	em	Change From:		Change To:				Amount	
								\$	
								\$	
	_ Change	Line Item (li	st reason for change a	bove)					
Line Item	Quantity	New Quantity (if applies)	Description of change			Price	Budget	Budget Code to be Charged:	
						\$			
						\$			
			0						
SITE/De	partment	Head Approv	ral De M	ىل	_ Date: _	1/2-60		USTED PO	
Budget	Administr	ator Approva	-	Date:			Gran	Grand Total	
iscal A	pproval _			Date:			- \$124	\$124,000.00	

PO Change Form EXSECOPR 2/2016