

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)

DATE: 1-8-24
 REQUESTOR NAME: L. NEVILLE EXT. # 4016 EMAIL: NEVILLE@MDUSD.ORG
 SITE: DENT PO#: 240022 VENDOR NAME: KATHY FLORES

CIRCLE SELECTION APPROPRIATELY: Cancel PO **Change PO (fill out applicable areas below)**

REQUIRED FIELD-Reason for Change: _____

_____ **Add or Delete Line Item(s)**

Line Item	Add or Delete	Quantity if Adding	Description	Price	Budget Code to be Charged
				\$	
				\$	

_____ **Change of Budget Code ONLY**

Line Item	Change From:	Change To:	Amount
			\$
			\$

Change Line Item (list reason for change above)

Line Item	Quantity	New Quantity (if applies)	Description of change	Price	Budget Code to be Charged:
1	1	LOT	TOTAL CONTRACT AMOUNT INCREASED	\$ 24,500	01 0030 110 1000 09306000 535 004 580
				\$	

SITE/Department Head Approval <u>[Signature]</u>	Date: <u>1/8/24</u>	ADJUSTED PO Grand Total <u>49,000</u> \$
Budget Administrator Approval _____	Date: _____	
Fiscal Approval _____	Date: _____	