

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)

REQUESTOR NAME: Marie Hill EXT. # 3863 EMAIL: hillm@mdusd.org

SITE: MO&F PO#: 250949 VENDOR NAME: CROWN WORLDWIDE MOVING & STORAGE

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

Delete Line Item(s)

Line Item	Description	Price	Budget Code to be Charged
		\$	
		\$	

Change of Budget Code ONLY

Line Item	Change From:	Change To:	Amount

Change Line Item: Reason required if PO total is increased by 10% or more*

Line Item	Description, Quantity, and/or Price to be changed	Price	Budget Code to be Charged:
1	Increase	\$29,052.59	21.9010.0000.8500.71510000.500.555.6280 6278

Add Line Item(s) Reason required if PO total is increased by 10% or more*

Line Item	Description	Price	Budget Code to be Charged:

*Reason for Change (required if PO total is increased by 10% or more):

Increase PO to pay invoices

SITE/Department Head Approval <u>[Signature]</u> Date: _____ Budget Administrator Approval <u>[Signature]</u> Date: <u>1/12/2025</u> Fiscal Approval <u>[Signature]</u> Date: <u>12/30/24</u>	ADJUSTED PO Grand Total \$134,515.74
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PO Change Form

EXSECOPR 6/2015