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: March 10, 2023

REQUESTOR NAME: Deborah Waters   EXT. # 3786   EMAIL: watersd @MDUSD.ORG

SITE: Food Service   PO#: 231123   VENDOR NAME: Sysco Food Service of San Francisco

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

REQUIRED FIELD-Reason for Change: Increase Line 1 by $802,000., Increase Line 2 by $48,000.00.

_____ **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	Lot	N/A	Increase Funding	$ 802,000.	13.5310.0000.3700.61100 000.509.009.9341
2	Lot	N/A	Increase Funding	$ 48,000.	13.5310.0000.3700.61100 000.509.9320

SITE/Department Head Approval _____ Date: 3/10/23	**ADJUSTED PO Grand Total**
Budget Administrator Approval _____ Date: _____	
Fiscal Approval _____ Date: _____	$ 2,350,000.

PO Change Form