

PURCHASE ORDER CHANGE FORM

Purchasing Department

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

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

DATE: 10/15/2024

REQUESTOR NAME: Emily Lopez Frizzell EXT. # 4136 EMAIL: lopeze @MDUSD.ORG

SITE: HR PO#: 251634 VENDOR NAME: Benefitfocus.com, Inc

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

REQUIRED FIELD-Reason for Change: Additional invoices received. ** PO has been marked FP*
PO \$22,631.00 ** Board approval required? em to DM 10/16*
ELF. yes- will add to agenda reopened by DM 10/16

Add or Delete Line Item(s)

Line Item	Add or Delete	Quantity if Adding	Description	Price	Budget Code to be Charged
3	ADD	2327	ACA Reporting Fee True Up; Previously billed for 3400	\$ 6.00 ea.	01-0000-0000-7200-50500-000-506-006-5885 <i>\$13,962.00</i>
4	ADD	3400	Postage Deposit A credit of \$659.60 was given making the total for this \$1,312.40	\$ 0.58 ea.	01-0000-0000-7200-50500-000-506-006-5885 <i>\$1,972.00</i>

_____ 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:
				\$	
				\$	

SITE/Department Head Approval <u><i>[Signature]</i></u> Date: <u>10/15/24</u>	ADJUSTED PO Grand Total <i>38,565.00</i> \$
Budget Administrator Approval _____ Date: _____	
Fiscal Approval _____ Date: _____	