

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: 1/3/2022

REQUESTOR NAME: Angie Vickroy EXT. # 3782 EMAIL: vickroya@MDUSD.ORG

SITE: Food & Nutrition Services PO#: 222132 VENDOR NAME: Arcadios Produce Inc.

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

REQUIRED FIELD-Reason for Change: Increase to include produce purchases.

Add or Delete Line Item(s)

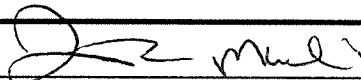
Line Item	Add or Delete	Quantity if Adding	Description	Price	Budget Code to be Charged
2	add	n/a	Open order for Produce	\$ 100,000.00	13.5310.0000.3700.61100.- 000.509.009.9337
				\$	

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></u> Date: <u>1/3/21</u>	ADJUSTED PO Grand Total \$ 375,000.00
Budget Administrator Approval _____ Date: _____	
Fiscal Approval _____ Date: _____	



MT. DIABLO UNIFIED SCHOOL DISTRICT
 PURCHASING / WAREHOUSE DEPARTMENT
 2326 BISSO LANE
 CONCORD, CALIFORNIA 94520
 FAX: (925) 687-5044 (925) 825-7440

DATE 12/15/21

PURCHASE ORDER NO.
222132

VENDOR: ARCADIOS PRODUCE INC
 1990 JERROLD AVE
 SAN FRANCISCO, CA 94124

DELIVER TO: MT DIABLO UNIFIED SCHOOL DISTRICT
 FOOD SERVICES DEPT
 2330 BISSO LANE
 CONCORD, CA 94520

Req. # R126198	Vendor # 064676	Ship Via DESTINATIO	Department / Site S010009	Requisitioner VICKROY, ANGIE
Confirming <input type="checkbox"/> yes <input type="checkbox"/> no	Buyer CAROLANN IANORA	Extension #	Terms of Payment NET 30	Date Required 12/15/21

ITEM	QUANTITY	UNIT	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
			DEBORAH WATERS DOMINIC MACHI PAULA ONOFRIO ANGIE VICKROY *DEPARTMENT CONTACT: DEBORAH WATERS, WATERSD@MDUSD.ORG 925-682-8000 EXT. 3786		
				Tax	0.00
TOTAL					275,000.00

ACCOUNT NO.	AMOUNT
509611047 9335	275,000.00

APPROVAL:

Superintendent

Date

SEND INVOICE TO: MT. DIABLO UNIFIED SCHOOL DISTRICT
 FISCAL SERVICE DEPARTMENT
 1936 CARLOTTA DRIVE
 CONCORD, CALIFORNIA 94519

TO RECEIVE PROPER PAYMENT THE ABOVE PO NUMBER MUST APPEAR ON ALL INVOICES, BILLS OF LADING, PACKAGES, CORRESPONDENCE, ETC.