

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: 10/27/2020

REQUESTOR NAME: Carmen Terrones-Torres EXT. # 4068 EMAIL: terronestorres@MDUSD.ORG

SITE: Deut-Rm 1 PO#: 210861 VENDOR NAME: Language Services Assoc #

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

REQUIRED FIELD-Reason for Change: Due to covid-19. Phone Translations are being used more often. Increase amount by \$10,000.00 not to exceed \$23,000.00

_____ 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:
				\$	
				\$	

SITE/Department Head Approval <u>[Signature]</u>	Date: <u>10/27/20</u>	ADJUSTED PO Grand Total \$
Budget Administrator Approval _____	Date: _____	
Fiscal Approval _____	Date: _____	