

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#: 245720-2 VENDOR NAME: BSK Associates

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

X 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	\$21,991.00	21.9010.0000.8500.71510000.152.014.5800
2	Increase	\$19,217.00	21.9010.0000.8500.71510000.154.014.5800
3	Increase	\$29,375.00	21.9010.0000.8500.71510000.174.014.5800

 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):

SITE/Department Head Approval _____ Date: _____	ADJUSTED PO Grand Total \$100,884.50
Budget Administrator Approval _____ Date: _____	
Fiscal Approval _____ Date: _____	