

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: 10-10-23
 REQUESTOR NAME: L. NEVILLE EXT. # 4016 EMAIL: NEVILLEL@MDUSD.ORG
 SITE: DENT PO#: 241266 VENDOR NAME: C & L Music

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

REQUIRED FIELD-Reason for Change: INCREASE AMOUNT OF PO

Add or Delete Line Item(s)

Line Item	Add or Delete	Quantity if Adding	Description	Price	Budget Code to be Charged
<u>2</u>	<u>ADD</u>	<u>1</u>	<u>INSTRUMENTAL REPAIRS</u>	<u>\$ 25,000</u>	<u>01 6762 1110 1000 3362.0000</u> <u>525 0045452</u>
				\$	

_____ 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>10/10/23</u>	ADJUSTED PO Grand Total \$ <u>50,000.00</u>
Budget Administrator Approval _____ Date: _____	
Fiscal Approval _____ Date: _____	