

**PURCHASE ORDER CHANGE FORM**

Purchasing Department

\*\*\*\*\*THIS FORM TO BE SENT TO THE PURCHASING DEPARTMENT\*\*\*\*\*

Date: 1/8/25

REQUESTOR NAME: Gina Ramirez EXT. # 3787 EMAIL: ramirezg@mdusd.org

SITE: FNS PO#: 250115 VENDOR NAME: Fiery Ginger Farm LLC (Spork Food Hub)

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

**Increase line 1 by 64,000.00 per Quote Sheet Organic Rice 2025 FINAL. PO NTE from \$50,000.00 to \$114,000.00**

         Add or Delete Line Item (s)


Line Item	Add or Delete	QTY	Description	Price	Budget Code to be Charged

         Change of Budget Code ONLY

Line	Change From:	Change To:	Amount

         Change Line Item: Reason required if PO total is increased by 10% or more\*

Line	Quantity	Description of change	Price	Budget Code to be Changed:
1		Increase	64,000.00	13.7033.0000.3700.33330.000.509.009.4716

SITE/Department Head Approval <u></u> Date: <u>1/8/2025</u>	ADJUSTED PO Grand Total  \$114,000.00
Budget Administrator Approval _____ Date: _____	
Fiscal Approval _____ Date: _____	