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: January 20, 2023 REQUESTOR NAME: Deborah Waters EXT. # 3786 EMAIL: watersd @MDUSD.ORG									
SITE: Food Service PO#: 230771 VENDOR NAME: Cream Co LLC									
CIRCLE SELECTION APPROPRIATELY: Cancel PO Change PO fill out applicable areas below)									
REQUIRED FIELD-Reason for Change: Add Funding Increase									
XAdd or Delete Line Item(s)									
Line	Add or Quantity if Description Delete Adding			tion	Pr	Price Bud		ode to be Charged	
Item 1	Add	Lot	California Meat Pro		100,000.00		3.5310.0000.3700.61100 000.509.009.9341		
					\$				
Change of Budget Code ONLY									
Line It	em	Cha	Change To:				Amount		
								\$	
								\$	
Change Line Item (list reason for change above)									
Line Item	Quantit	Quantity New Description of change Quantity (if applies)			Price Budget Code to be Charged				
						\$			
						\$			
SITE/Department Head Approval Date: 1 2007							ADJ	ADJUSTED PO	
							Gra	Grand Total	
Budget Administrator Approval Date: Fiscal Approval Date:									
Fiscal Approval Date:							\$12	4,000.00	

PO Change Form EXSECOPR 2/2016