

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: Jan. 9, 2023

REQUESTOR NAME: Deborah Waters EXT. # 3786 EMAIL: watersd @MDUSD.ORG

SITE: Foods PO#: 230519 VENDOR NAME: ItalFoods Inc.

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

REQUIRED FIELD-Reason for Change: Adding line item funding for the 2022-23

Add or Delete Line Item(s)

Line Item	Add or Delete	Quantity if Adding	Description	Price	Budget Code to be Charged
2	Add	1	Quotation increase # 10002	\$ 120,350.00	13.5310.0000.3700.61 100000.509.009.9341 @
				\$	

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 _____ Date: _____	ADJUSTED PO Grand Total \$144,350.00
Budget Administrator Approval _____ Date: _____	
Fiscal Approval _____ Date: _____	