

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: 9/6/24

REQUESTOR NAME: Alma Healy EXT. # 4027 EMAIL: healya @MDUSD.ORG

SITE: Wing C PO#: 250346 VENDOR NAME: Contra Costa Athletic Assignors

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

REQUIRED FIELD-Reason for Change: Adding funds to PO. Vendor is providing services for flag football

 Add or Delete Line Item(s)


Line Item	Add or Delete	Quantity if Adding	Description	Price	Budget Code to be Charged
1	Add		Add funds to line 1 CPHS	\$ 5,005.00	01.9010.1110.4000.3550000.324.324.5807
2	Add		Add funds to line 2 CHS	\$ 680.00	01.9010.1110.4000.3550000.326.326.5807
4	Add		Add funds to line 4 NHS	\$2,625.00	01.9010.1110.4000.3550000.358.358.5807
				\$	

 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></u> Date: <u>9/6/24</u>	ADJUSTED PO Grand Total \$ <u>31,310.⁰⁰</u>
Budget Administrator Approval _____ Date: _____	
Fiscal Approval _____ Date: _____	