

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: 9/9/21

REQUESTOR NAME: Angie Vickroy EXT. # 3782 EMAIL: vickroya@MDUSD.ORG

SITE: Food & Nutrition Services PO#: 220439 VENDOR NAME: Bonami Baking

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

REQUIRED FIELD-Reason for Change: Increase

Add or Delete Line Item(s)

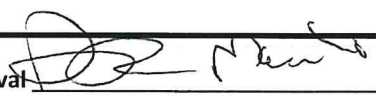

Line Item	Add or Delete	Quantity if Adding	Description	Price	Budget Code to be Charged
2	add	n/a		\$ 201,000.00	13.5310.0000.3700.61100.-000.509.009.9341
				\$	

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: <u>9/15/21</u>	ADJUSTED PO Grand Total \$ 225,000.00
Budget Administrator Approval _____ Date: _____	
Fiscal Approval  Date: _____	