

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#: 220440 VENDOR NAME: Shannon's Imperial Brand

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	BREAD, BUNS AND RELATED ITEMS, OPEN ORDER FOR THE PURCHASE OF BREAD PRODUCTS AS NEEDED BY THE FOOD AND NUTRITION SERVICES DEPARTMENT FOR THE SCHOOLS MEAL PROGRAMS	\$ 199,000.00	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 <u></u> Date: <u>9/14/21</u>	ADJUSTED PO Grand Total \$223,000.00
Budget Administrator Approval _____ Date: _____	
Fiscal Approval <u></u> Date: _____	