

## 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: 12/10/24

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

SITE: Food Services PO#: 250472 VENDOR NAME: Arctic Refrigeration Inc.

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

REQUIRED FIELD-Reason for Change: increase

     Add or Delete Line Item(s)

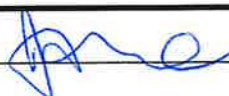
Line Item	Add or Delete	Quantity if Adding	Description	Price	Budget Code to be Charged
				\$	
				\$	

     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:
1	lot	n/a	increase	\$ 64,000	13.5310.0000.3700.- 61100.000.509.009.5652
				\$	

SITE/Department Head Approval <u></u> Date: <u>12/10/24</u>	ADJUSTED PO Grand Total  \$114,000.00
Budget Administrator Approval _____ Date: _____	
Fiscal Approval _____ Date: _____	



MT. DIABLO UNIFIED SCHOOL DISTRICT  
 PURCHASING / WAREHOUSE DEPARTMENT  
 2326 BISSO LANE  
 CONCORD, CA 94520  
 FAX: (925)687-5044 (925)825-7440

**PURCHASE ORDER NO.**  
**250472**

<b>DATE</b> 07/09/2024	<b>DEPARTMENT</b> FOOD SERVICES	<b>REQUISITION NO</b> R142321
<b>VENDOR #</b> 062460	<b>VENDOR PHONE #</b> (925) 686-0923	<b>EMAIL</b> INFO@ARCTICR.COM

**PURCHASE ORDER NUMBER ABOVE  
 MUST APPEAR ON ALL INVOICES  
 SHIPPING PAPERS & CORRESPONDENCE**

<b>VENDOR</b> ARCTIC REFRIGERATION INC 1300 GALAXY WAY STE 7 CONCORD, CA 94520	<b>SHIP TO</b> MT DIABLO UNIFIED SCHOOL DISTRICT FOOD SERVICES DEPT 2330 BISSO LANE CONCORD, CA 94520
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<b>ORIGINATOR: VICKROY, ANGIE</b> EMAIL: VICKROYA@MDUSD.ORG BUYER: CAROLANN BID #: REQUIRED BY: 07/01/2024	<b>NET 30</b> EXPIRATION DATE: 06/30/2025	<b>BILL TO</b> Email: ACCTSPAY@MDUSD.ORG MDUSD Fiscal Services 1936 Carlotta Drive Concord, CA 94519 ALL INVOICES AND CORRESPONDENCE MUST BE SENT TO ABOVE ADDRESS REGARDLESS OF SHIPPING DESTINATION
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ITEM #	QUANTITY	UNIT	DESCRIPTION	UNIT PRICE	AMOUNT
			CGL, AUTO & WORKERS COMP INSURANCE EXPIRES 11/1/24; SEND NEW COL TO ANGIE VICKROY BY 10/31/24		
0001	1.00	LOT	COOLERS & FREEZERS: DISTRICT WIDE SERVICE AND REPAIRS NOT TO EXCEED: \$50,000.00 OPEN ORDER FOR JULY 1, 2024 TO JUNE 30, 2025  NOTE TO VENDOR: -EXCLUDES ITEM(S) OF \$500+ -AUTHORIZED USERS: PATTY ZALDANA (M&O DISPATCH) PAUL LUNDHOLM (M&O MAINTENANCE MANAGER) MELANIE KOSLOW (M&O DIRECTOR) ALEXANDRA EMMOTT (M&O DIRECTOR) CHAD VOSS (FNS WAREHOUSE & OPS MANAGER) PAULA ONOFRIO (FNS AREA SUPERVISOR) - QUOTES/QUESTIONS CONTACT: ZALDANAP@MDUSD.ORG; LUNDHOLMP@MDUSD.ORG -INVOICES TO: VICKROYA@MDUSD.ORG; ACEVEDOL@MDUSD.ORG	50,000.00	50,000.00
			WORKERS COMP EXPIRES 12/15/24 Provide proof of coverage when new policy is issued and prior to working on our campus' CGL, AUTO & UMBRELLA EXP 7/1/25		

**CONDITIONS - READ CAREFULLY**

- Shipping charges prepaid by vendor.
- Payment will be made on complete shipments only.
- Delivery Ticket must accompany goods.
- Please make deliveries between 7 A.M. and 3 P.M.
- All goods received with subsequent privilege to inspect and return at Vendor's expense if defective or not in compliance with our specifications.
- Indoor delivery if necessary.
- Payment NET 30 or according to contract.

<b>Item Total:</b>	<b>50,000.00</b>
<b>NET TOTAL</b>	<b>50,000.00</b>

APPROVED FOR ISSUE  
  
 Superintendent