

## 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: February 2, 2023

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

SITE: Food Service PO#: 231078 VENDOR NAME: Bay Cities Produce Inc.

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

REQUIRED FIELD-Reason for Change: Add Funding 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	Add	Lot	Increase Funding	\$ 150,000.00	13.5310.0000.3700.6110 0000.509.009.9337 <i>(initials)</i>
				\$	

SITE/Department Head Approval <i>(Signature)</i> Date: <u>2/10/23</u>	<b>ADJUSTED PO Grand Total</b>  <b>\$ 174,000.00</b>
Budget Administrator Approval _____ Date: _____	
Fiscal Approval _____ Date: _____	