

# 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: 9/19/24  
 REQUESTOR NAME: Alma Healy EXT. #4027 EMAIL: healy@mdusd.org  
 SITE: Dent-Wing C PO#: 250401 VENDOR NAME: Continental Athletic Supply

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


**REQUIRED FIELD**—Reason for Change: Add \$8,000.00 per line to cover football helmet reconditioning. Previous PO total 60,000.00 - Submitted for Boar Approval on 10/16/24

delete Add or Delete Line Item(s)

Line Item	Add or Delete	QTY if Adding	Description	Price	Budget Code to be Charged
1	Add		Add \$8,000.00 to cover football helmet reconditioning	\$8,000.00	01.9010.1110.4000.35290.000.324.324.019.5652
2	"		Add \$8,000.00 to cover football helmet reconditioning	\$8,000.00	01.9010.1110.4000.35290.000.326.326.019.5652
3	"		Add \$8,000.00 to cover football helmet reconditioning	\$8,000.00	01.9010.1110.4000.35290.000.355.355.019.5652
4	"		Add \$8,000.00 to cover football helmet reconditioning	\$8,000.00	01.9010.1110.4000.35290.000.358.358.019.5652
5	"		Add \$8,000.00 to cover football helmet reconditioning	\$8,000.00	01.9010.1110.4000.35290.000.399.399.019.5652

         Change Line Item: (list reason for change above)

Line Item	Quantity	New Quantity	Description of change	Price	Budget code to be charged

SITE/Department Head Approval <u></u> Date: <u>9/20/24</u>	<b>ADJUSTED PO Grand Total 100,000.00</b>
Budget Administrator Approval _____ Date: _____	
Fiscal Approval _____ Date: _____	