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)

REQUESTOR NAME: Marie Hill EXT. # 3863 EMAIL: hillm@mdusd.org

| SITE:MO&f | PO#: <u>250796</u> | VENDOR NAME: <u></u> | IUNG CONSTRUCTION | |
|------------------------------------|---|--|---|---------------------------|
| CIRCLE SEL | ECTION APPROPRIATELY: Cand | cel PO Chang | <u>e PO</u> (fill out applicabl | e areas below) |
| De | lete Line Item(s) | | | |
| Line Item Description | | | Price E | Budget Code to be Charged |
| | | | \$ | |
| | | | \$ | |
| | | | 7 | |
| Ch | ange of Budget Code ONLY | | | |
| Line Item | Change From: | Change From: | | Amount |
| | | | | |
| | | | | |
| | | | | |
| xc | hange Line Item: Reason require | ed if PO total is inc | reased by 10% or more | * |
| Line Item | Description, Quantity, and/or | Price | Budget Co | ode to be Charged: |
| | Price to be changed | 6100 000 00 | 14.0000.0000.8500.85200000.551.014.5652 | |
| 1 | Increase | \$100,000.00 14.0000.0000.8500.85200000.55 | | U.85200000.551.014.5052 |
| | | | | |
| | | | | |
| | | | | |
| Ad | d Line Item(s) Reason required i | f PO total is increa | | |
| Line | Description | Price | Budget Code to be Charged: | |
| Item | | | | |
| | | | | |
| | | | | |
| *- (| Classical in the Control in | : | or more). | |
| | or Change (required if PO total is oved 11/13/2024 | increased by 10% | or more). | |
| Board Appro | DVEG 11/13/2024 | 127 | | ADJUSTED PO |
| SITE/Department Head ApprovalDate: | | | | |
| Budget A | dministrator Approval | MARKE | Date: 11 14 12 14 | Grand Total |
| Buuget At | ministrator Approvar | 0 |) | _ (34 9/44) |
| Fiscal Approval | | | Date: | \$214,500.00 |
| PO Change | Form | | | EXSECOPR 6/2015 |
| . 5 | | | | |
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