

# 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: December 1, 2023

REQUESTOR NAME: Alma Healy EXT. #4027 EMAIL: healya@mdusd.org

SITE: Wing C PO#: 230636 VENDOR NAME: Dr. Shelley Holt - Leadership, Legacy, Consulting

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

**REQUIRED FIELD**—Reason for Change: Additional services added to the Independent Service Contract/PO

X Add or Delete Line Item(s)

Line Item	Add or Delete	QTY if Adding	Description	Price	Budget Code to be Charged
2	Add	Lot	Student Leadership Coaching – Social Work Specialist	\$25,000.00	01.6266.1110.1000.38000000.538.004.5800
3	Add	Lot	District Support Person Coaching – MTSS	25,000.00	01.2600.0000.2100.27200.000.500.022.5800
4	Add	Lot	Site Leadership Team Coaching	15,000.00	01.0000.1110.1000.07010.000.324.324.5800
5	Add	Lot	Principal Coaching – School Leadership Keynote & Facilitated Discussion	35,000.00	01.0930.1110.1000.09300.000.324.324.5800
6	Add	Lot	Principal Coaching – School Leadership Keynote & Facilitated Discussion	20,000.00	01.6266.1110.1000.38070.000.324.324.5800

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>12/6/2023</u>	ADJUSTED PO Grand Total <b>327,000.00</b>
Budget Administrator Approval _____ Date: _____	
Fiscal Approval _____ Date: _____	