

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#: 250916 VENDOR NAME: EAST BAY POOL SERVICE

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

Delete Line Item(s)

Line Item	Description	Price	Budget Code to be Charged
		\$	
		\$	

Change of Budget Code ONLY

Line Item	Change From:	Change To:	Amount

X Change Line Item: Reason required if PO total is increased by 10% or more*


Line Item	Description, Quantity, and/or Price to be changed	Price	Budget Code to be Charged:
1	Increase	\$38,049.00	01.8150.0000.8110.51820000.551.014.5890

Add Line Item(s) Reason required if PO total is increased by 10% or more*

Line Item	Description	Price	Budget Code to be Charged:

*Reason for Change (required if PO total is increased by 10% or more):

Increase needed for services

SITE/Department Head Approval _____ Date: _____	ADJUSTED PO Grand Total \$152,196.00
Budget Administrator Approval  _____ Date: <u>5/2/25</u>	
Fiscal Approval _____ Date: _____	