

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: 7/17/24

REQUESTOR NAME: Angie Vickroy EXT. # 3782 EMAIL: vickroya @MDUSD.ORG

SITE: Food Services PO#: 250090 VENDOR NAME: Excellent Packaging & Supply

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

REQUIRED FIELD-Reason for Change: Increase original PO NTE 50,000.

_____ 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	lot	n/a	Increase	\$ 64,000	13.5310.0000.3700.61100.- 000.509.009.4790
				\$	

SITE/Department Head Approval _____ Date: _____ Budget Administrator Approval _____ Date: _____ Fiscal Approval _____ Date: _____	ADJUSTED PO Grand Total \$114,000.00
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