

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: 01/04/21

REQUESTOR NAME: Angie Vickroy EXT. # 4202 EMAIL: vickroya@MDUSD.ORG

SITE: DENT Food Services PO#: 211193 VENDOR NAME: Le Boulanger Inc.

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

REQUIRED FIELD-Reason for Change: Increase due to unexpected need of product during distance learning.

 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	1	N/A	increase funds	\$65,000	13.5310.000.3700.6110.- 000.509.009.9341
				\$	

SITE/Department Head Approval <u>[Signature]</u> Date: <u>1/4/21</u>	ADJUSTED PO Grand Total \$ 80,000
Budget Administrator Approval _____ Date: _____	
Fiscal Approval <u>[Signature]</u> Date: _____	