

## 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: 11/30/23

REQUESTOR NAME: Alma Healy EXT. # 4027 EMAIL: healya @MDUSD.ORG

SITE: Wing C PO#: 240498 VENDOR NAME: United Site Services

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

REQUIRED FIELD-Reason for Change: Add funds to cover additional set of portable restrooms @ YVHS.

\_\_\_\_\_ Add or Delete Line Item(s)

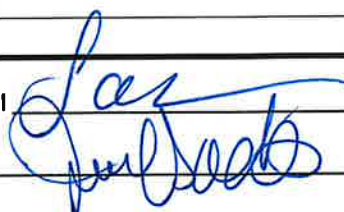

Line Item	Add or Delete	Quantity if Adding	Description	Price	Budget Code to be Charged
				\$	
				\$	

\_\_\_\_\_ 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:
5			Portable Restrooms	\$ 5,300.00	01.9010.1110.4000.35000000. 399.399.5618
				\$	

SITE/Department Head Approval 	Date: <u>11/30/23</u>	<b>ADJUSTED PO Grand Total \$ 37,300.00</b>
Budget Administrator Approval 	Date: <u>12/1/23</u>	
Fiscal Approval _____	Date: _____	