

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#: 250419 VENDOR NAME: BAY CITY MECHANICAL

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

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:
2	Increase	\$100,000.00	14.0000.0000.8500.85200000.551.014.5652

 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):

Board Approved 11/13/2024

SITE/Department Head Approval <u></u> Date: _____	ADJUSTED PO Grand Total \$314,500.00
Budget Administrator Approval <u></u> Date: <u>11/4/24</u>	
Fiscal Approval _____ Date: _____	