

## 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#: 245720-2 VENDOR NAME: BSK Associates

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:
<b>1</b>	Increase	\$21,991.00	21.9010.0000.8500.71510000.152.014.5800
<b>2</b>	Increase	\$19,217.00	21.9010.0000.8500.71510000.154.014.5800
<b>3</b>	Increase	\$29,375.00	21.9010.0000.8500.71510000.174.014.5800

         **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):**

SITE/Department Head Approval _____ Date: _____ Budget Administrator Approval _____ Date: _____ Fiscal Approval _____ Date: _____	<b>ADJUSTED PO Grand Total  \$100,884.50</b>
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