

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#: 210582 VENDOR NAME: P & R Paper Supply

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

REQUIRED FIELD-Reason for Change: Increase due to unexpected need of packaging 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	\$45,000	13.5310.000.3700.6110.- 000.509.009.9320
				\$	

SITE/Department Head Approval: <u></u> Date: <u>1/4/21</u>	ADJUSTED PO Grand Total \$65,000
Budget Administrator Approval: _____ Date: _____	
Fiscal Approval: <u></u> Date: _____	