

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: 12/5/23

REQUESTOR NAME: Alma Healy EXT. # 4027 EMAIL: healya@mdusd.org

SITE: Wing C PO#: 240574 VENDOR NAME: Contra Costa Athletic Assignors

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

REQUIRED FIELD—Reason for Change: add funds

X Change Line Item: (list reason for change above)

Line Item	Quantity	New Quantity	Description of change	Price	Budget code to be charged
1	Lot		Add funds to pay invoice	\$18.00	01.9010.1110.4000.35100.000.324.324.5807
2	Lot		Add funds to pay invoice	\$1,731.00	01.9010.1110.400035110.000.324.324.5807
3	Lot		Add funds to pay invoice	\$1,989.00	01.9010.1110.4000.35100.000.326.326.5807
4	Lot		Add funds to pay invoice	1,199.00	01.9010.1110.400035110.000.326.326.5807
5	Lot		Add funds to pay invoice	\$950.00	01.9010.1110.4000.35100.000.355.355.5807
6	Lot		Add funds to pay invoice	\$1,041.00	01.9010.1110.400035110.000.355.355.5807
8	Lot		Add funds to pay invoice	\$2,084.00	01.9010.1110.400035110.000.358.358.5807
9	Lot		Add funds to pay invoice	\$265.00	01.9010.1110.4000.35100.000.399.399.5807

SITE/Department Head Approval 

Date: 12/6/23

Budget Administrator Approval _____

Date: _____

Fiscal Approval _____

Date: _____

ADJUSTED PO
Grand Total
38,477.00