## **PURCHASE ORDER CHANGE FORM**

## Purchasing Department \*\*\*\*\*THIS FORM TO BE SENT TO THE PURCHASING DEPARTMENT\*\*\*\*\*

Date: Aug 30, 2024

REQUESTOR NAME: <u>Deborah Waters</u> EXT. #_3786 EMAIL: <u>watersd@mdusd.org</u>											
SITE: FNS PO#: 250108 VENDOR NAME: Danielsen Company											
CIRCLE SELECTION APPROPRIATELY: Cancel PO Change PO (fill out applicable areas below)											
Change funding by increasing only.											
Add or Delete Line Item (s)											
Line Item		Add or Delete	QTY	Description		Price	Price Budget Code to be Charged				
Change of Budget Code ONLY											
Line		Change From:					Change To:			Amount	
Change Line Item: Reason required if PO total is increased by 10% or more*											
Line		Quantity	, l		Pr			to be Changed:			
1		N/A	In	change crease Funds	50	,000.00	5310	5310.0000.3700.61100000.509.009.4716 (#			
-			,			.00 5310.0000.3700.61100000.509.009.4790					
2		N/A Increase Funds 5		,000.00	2210	.0000.3700.011000		30			
				Λ_							
SITE/Department Head Approval						e	D	ate: 830 24	ADJUSTED	PO	
Budget Administrator Approval										Grand Total	
Fiscal Approval								Date: \$114,000.00			