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: _ January 22, 2024									
REQUESTOR NAME: Jennifer Sachs EXT. # 4016 EMAIL: nevillel @MDUSD.ORG									
SITE: Dent PO#: 240994 VENDOR NAME: Life Lab									
CHOOSE APPROPRIATELY: Cancel PO Change PO (fill out applicable areas below) REQUIRED FIELD-Reason for Change: Amend contract to increase funds for additional school sites									
Add or Delete Line Item(s)									
Line Item	Add or Delete	Quantity if Adding	Description		Price		Budget Code to be Charged		
12	Add	1	Add funds from Cambri LCFF for garden educa		\$ 5,000 °		01 093	01 0930 1110 1000 09300000 119 119 6800	
12	Add	1	Add Funds from Camb General Fund for garde		\$ 1	\$ 1,000 °		01 0000 1110 1000 03010000 119 119 5800	
Change of Budget Code ONLY									
Line Item		Change From:		Change To:					Amount
									\$
								\$	
Change Line Item (list reason for change above)									
Line Item	Quantit	uantity New Description Quantity (if applies)		n of change		Prid			Code to be Charged:
5	1	lot	Increase budget f	ncrease budget for Sun Terrace					0 1110 1000 00 182 182 5800
1	1	Lot	Increase budget for El Monte			\$ 31			0 1110 1000 000 132 132 5800
SITE/D	epartme	nt Head Appro	Date: 12114					ADJUSTED PO Grand Total	
Budget Administrator Approval Date:								1	
Fiscal Approval Date:								\$723,301.00	
								EVC	CODD 2/2016

PO Change Form EXSECOPR 2/2016