



AN EARLY COLLEGE DISTRICT  
**BROWNSVILLE**  
 INDEPENDENT SCHOOL DISTRICT

**PURCHASING DEPARTMENT**  
**Purchase Order Modification Form**

**NOTE:** All modification forms must be approved by the Campus Principal/Department Director, respective Executive Director/Area Administrator/Chief Officer/Superintendent and for Federal funds, must also be approved by the respective funding source. Forms will not be processed if required signatures are not completed and will be returned to the originator. All sections must be completed and a **copy of the purchase order being modified must be attached** to ensure prompt processing of the modification. **ANY INCREASES OF MORE THAN 10% OF THE ORIGINAL APPROVED AMOUNT WILL NOT BE PROCESSED.**

PURCHASE ORDER NO. \_\_\_\_\_ OR PURCHASE REQUEST NO. \_\_\_\_\_

**PRICE MODIFICATION:**

Increase  Decrease Amount \$ \_\_\_\_\_ Net Total After Increase \$ \_\_\_\_\_ Item #(s) \_\_\_\_\_ Quantity \_\_\_\_\_

Description \_\_\_\_\_ Acct. Number \_\_\_\_\_

**VENDOR CHANGE:**

New Vendor Name/Number \_\_\_\_\_ Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone No. \_\_\_\_\_ Email \_\_\_\_\_ (Required if vendor needs updated PO)

**ACCOUNT NUMBER CHANGE:**

To Entire PO New Acct. Number \_\_\_\_\_

To Item #(s) \_\_\_\_\_ New Acct. Number \_\_\_\_\_

**DETAILED REASON(S) FOR MODIFICATION:**

\_\_\_\_\_  
 \_\_\_\_\_

Requestor \_\_\_\_\_ Location \_\_\_\_\_ Date \_\_\_\_\_

Please forward Modification Form

**APPROVALS:**

Campus Principal or Department Director \_\_\_\_\_

Funding Source Approval **(For Federal Funds Only)** \_\_\_\_\_

Executive Director/Area Administrator \_\_\_\_\_

Chief Officer \_\_\_\_\_

Superintendent \_\_\_\_\_

To  
 Elvira Casanova/Purchasing Clerk  
 BISD Purchasing Department  
 eguillen@bisd.us  
 (956) 698-0683/Office  
 (956) 548-8367/Fax

**FOR PURCHASING OFFICE USE ONLY**

Approved  Denied Reason(s) for Denial \_\_\_\_\_

\_\_\_\_\_  
 Purchasing Director Date \_\_\_\_\_