

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: _____

REQUESTOR NAME: _____ EXT. # _____ EMAIL: _____@MDUSD.ORG

SITE: _____ PO#: _____ VENDOR NAME: _____

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

REQUIRED FIELD-Reason for Change: _____

_____ **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:
				\$	
				\$	

SITE/Department Head Approval _____ Date: _____ Budget Administrator Approval _____ Date: _____ Fiscal Approval _____ Date: _____	ADJUSTED PO Grand Total \$
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