AZUSA UNIFIED SCHOOL DISTRICT

CHANGE ORDER FORM

PO# _____   Vendor Name: _____   Date: _____

Amount Increase   **Amount Decrease**   **Change Other Information**

Original PO amount ($A):   **New PO amount($B):**

Changing Rate % (%=($B-$A)/$A):

Change Order Amount   ⬆ **$≥10% of original PO amount. If yes, please create a new Req and STOP here.** ⚠ ⚠

⬆ **<10% of original PO amount, please continue .** 🟢GO

⬇ **All decreases are accepted, please continue.** 🟢GO

No change to amount. 🟢GO

Please select one of below change order options.

Change Unit Price on Line #   Original Unit Price   New Unit Price

_____   _____

_____   _____

_____   _____

Change Quantity on Line #   Original Quantity   New Quantity

_____   _____

_____   _____

Add Lines #   Item # _____   Unit Price: _____

Description _____

Item # _____   Unit Price: _____

Description _____

Item # _____   Unit Price: _____

Description _____

Item # _____   Unit Price: _____

Description _____

Change Budget Code to _____

Add Shipping and Handling Charge ($) _____

Cancel PO reasons _____

Comments _____

Submitted By _____   Approved By _____

This form must be signed by Principal or Department Director, Assistant Superintendent , Superintendent.