

Aledo Independent School District
PURCHASE ORDER CHANGE FORM

To be completed by Campus/Department
Vendor Name
P.O. Number

For Purchasing Use Only
Change Order Authorized By: _____ Date _____
Change Order Processed By: _____ Date _____

Campus or Department

Current Date

This form must be completed and submitted to the Purchasing Department for any changes, additions, deletions that must be made to any existing purchase order.

To be completed by Campus/Department

Remove Discount

Other

PO is over \$20

Reason for change (**REQUIRED**)

PO Item #	Purchase Order Description on Item	Change P.O. Quantity		Change Item Price (unit price)		Purchase Use Only Adjustments
		From	To	From	To	

Requester

Ext

Date:

Principal Dept./Head Signature: _____

Date : _____

When completed by Campus/Department, Please submit to Business Department, Attention Cindy Poole