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:

CIRCLE SELECTION APPROPRIATELY: Cancel PO Change PO (fill out applicable areas below)

REQUIRED FIELD-Reason for Change/Cancellation:

_____ **Add or Delete Line Item(s)**

Line Item	Add or Delete	Quantity (if adding)	Description	Price	Budget Code to be changed::

____ **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 changed::

SITE/Department Head Approval _____ **Date:** _____

Budget Administrator Approval_____ **Date:** _____

Fiscal Approval _____ **Date:** _____

ADJUSTED PO Grand Total

$