



SANTA ROSA INDEPENDENT SCHOOL DISTRICT
CHANGE ORDER REQUEST FORM

Type or Print Clearly

Requested By: _____

Purchase Order No.: _____ Change Order Date: _____

Vendor : _____ Vendor No. _____

Address: _____

City: _____ State: _____ Zip Code: _____

Account Number	Account

This form is ONLY to be used for making changes to existing purchase orders. If preparation of this change order completes the initial order (i.e. all material has been received), approve and attach a copy of the original purchase order to the BACK of this document and forward both to the Business Office.

TYPE OF CHANGE:

_____ **Quantity Decrease**
Decrease the number of items purchased

_____ **Partial Cancellation**
Delete specific items from order

_____ **Total Cancellation**
Cancel the entire purchase order

REASON FOR CHANGE:

Principal's/Administrator Signature: _____ Date: _____

Chief Financial Officer Signature: _____ Date: _____