KILGORE Independent School District

PURCHASE ORDER ADJUSTMENT FORM

Campus/Department: _____

Date: _____

PO Number: _____

Vendor/Supplier: _____

Requested By: _____

Contact Information: _____

SECTION 1: ORIGINAL PURCHASE ORDER DETAILS

Item No.	Description	Quantity	Unit Price	Total	Account Code

Original PO Total: $_____

SECTION 2: ADJUSTMENT REQUEST

Adjustment Type	Details / Explanation	Amount (+ / -)	New Total
☐ Quantity Change			
☐ Price Change			
☐ Item Addition			
☐ Item Deletion			
☐ Budget Code Change			
☐ Other (Specify): _____			

Reason for Adjustment:

_____

_____

_____

Revised PO Total: $_____

SECTION 3: APPROVALS

Role	Printed Name	Signature	Date
Principal/Director			
Business Office			

SECTION 4: FINAL PROCESSING

Processed By: _____

Date Processed: _____

Notes:

_____

_____