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 – Business Office Use Only

Processed By: _____
Date Processed: _____
Notes:
_____
_____