



PURCHASE ORDER CHANGE/DELETE FORM

Fill in the information below and return to the Purchasing Department through district mail. A copy of the changed PO will be sent to Accounting by Purchasing. If additional room is needed, please attach additional change order form.

SCHOOL/DEPARTMENT: _____ PURCHASE ORDER #: _____

VENDOR NAME: _____ VENDOR CONTACT/PHONE #: _____

REASON FOR DELETION OR CHANGE: _____

SECTION A - ORIGINAL:

ORIGINAL PO TOTAL: \$ _____

SECTION B - CHANGES: Describe changes to item(s) above such as item #, quantity, price, etc. List items individually, including each item quantity change or price change (list correct prices, not price differences). Please indicate if the line item needs to be deleted or if the entire purchase order needs to be deleted.

<u>ITEM</u>	<u>QTY</u>	<u>UNIT PRICE</u>	<u>EXTENDED PRICE</u>
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NEW PO TOTAL: \$ _____

PRINT YOUR NAME: _____ TELEPHONE #: _____

DIRECTOR/PRINCIPAL SIGNATURE: _____ DATE: _____

FOR PURCHASING DEPARTMENT USE ONLY

REVISER'S INITIALS: _____ DATE OF CHANGE/DELETION: _____

BUYER'S SIGNATURE: _____ DATE: _____

SPECIAL INSTRUCTIONS: _____ RESEND TO VENDOR: Y N