B.I.S.D. PURCHASING DEPARTMENT
PURCHASE ORDER MODIFICATION

NOTE: All modification forms must be approved by the Principal/Director and respective Area Superintendent. All sections must be completed to ensure prompt processing and a copy of the Purchase Order being modified must be attached to this form. Failure to do so will cause delays in the processing of the modification. INCREASE OF MORE THAN 10% OF THE ORIGINAL APPROVED AMOUNT WILL NOT BE APPROVED.

Elvira Casanova, P.O. Clerk
Tel. # 698-0683, Fax # 548-8367

Date of Submittal: _____

From: _____ Campus/Dept. Name _____
(Name)

Principal/Administrator's Approval: _____

Area Assistant Superintendent's/Administrator's Approval: _____

Superintendent's Approval: _____

Purchase Order # _____ **PR#** _____

Vendor's Name _____

PRICE MODIFICATION:

___Increase ___Decrease Amount $_____

___Item# _____Quantity _____Description

Net Total after increase : _____

Account Number: ____ - ___ - ___ _ - __ _ - ____ - ____ - ____ - _ __ __-____

VENDOR CHANGE: New Vendor Name/Number _____
Address _____
City, State, Zip Code _____
Contact Person _____
Phone # _____ Fax # _____

****VENDOR INFORMATION**: Include the following information only if vendor needs an updated PO.

Contact Name: _____

Email (Preferably): _____

Phone: _____ Fax: _____

DETAILED REASON FOR MODIFICATION:
_____
_____

_____
Purchasing Director's Approval